

MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
January 30, 1951

IN REPLY PLEASE REFER  
TO:

FILED

In the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

JAN 30 1951

At 3:30 P M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*  
Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Manual Letter No. 148.

These regulations were adopted by the State Social Welfare  
Board on January 26, 1951, pursuant to the powers conferred upon it by  
the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and  
114b, and are being filed in accordance with Section 11380 of the  
Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schatland  
(Signature)

Director  
(Title)

1-30-57  
(Date)

CHARLES I. SCHOTTLAND  
Director

**FILED** EARL WARREN  
Governor  
In the Office of the Secretary of State  
of the State of California

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

February 2, 1951

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

MANUAL LETTER NO. 148

The attached revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Welfare Personnel Standards	Revision 94
Income	Revisions 83 through 86
Investigation and Decision	Separator reissued

These revisions were adopted by the Social Welfare Board on January 26, 1951, and are effective March 1, 1951.

Sec. 071-05 has been revised to incorporate changes in classification titles.

Sec. 153-40 as revised sets forth the conditions under which such portion of an applicant's or recipient's income as is paid on court order for the support of a spouse and/or children, is not to be considered available to meet the needs of the recipient.

Department Bulletin No. 391, which was effective under Article XXV of the California Constitution, is obsolete. The use of facsimile signatures on certain forms is governed by Sec. 250-50.

A new separator for the Investigation and Decision Chapter is attached to replace that separator now in the Manual.



071-05 SALARY SCHEDULES  
WPS

071-05

CLASSIFICATIONSCHEDULE OF STEPS

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County Welfare Director V	415	439	464	491	519	549	581	614	649	686	725
County Welfare Director IV	351	371	392	415	439	464	491	519	549	581	614
County Welfare Director III	297	314	332	351	371	392	415	439	464	491	519
County Welfare Director II	252	266	281	297	314	332	351	371	392	415	439
County Welfare Director I	201	213	225	238	252	266	281	297	314	332	351
Assistant County Welfare Director	332	351	371	392	415	439	464	491	519	549	581
Social Work Supervisor II	281	297	314	332	351	371	392	415	439	464	491
*(Public Assistance Supervisor, Grade II)											
Social Work Supervisor I	238	252	266	281	297	314	332	351	371	392	415
*(Public Assistance Supervisor, Grade I)											
County Child Welfare Supervisor, Grade II	281	297	314	332	351	371	392	415	439	464	491
County Child Welfare Supervisor, Grade I	266	281	297	314	332	351	371	392	415	439	464
Child Welfare Services Worker	213	225	238	252	266	281	297	314	332	351	371
Social Worker II	190	201	213	225	238	252	266	281	297	314	332
*(Public Assistance Worker, Grade II)											
Social Worker I	170	180	190	201	213	225	238	252	266	281	297
*(Public Assistance Worker, Grade I)											
Chief Account Clerk	238	252	266	281	297	314	332	351	371	392	415
*(Chief Bookkeeper Clerk)											
Senior Account Clerk	190	201	213	225	238	252	266	281	297	314	332
*(Senior Bookkeeper Clerk)											
Account Clerk	161	170	180	190	201	213	225	238	252	266	281
*(Junior Bookkeeper Clerk)											
Senior Stenographer Clerk	190	201	213	225	238	252	266	281	297	314	332
Intermediate Stenographer Clerk	161	170	180	190	201	213	225	238	252	266	281
Junior Stenographer Clerk	144	152	161	170	180	190	201	213	225	238	252
Senior Typist Clerk	180	190	201	213	225	238	252	266	281	297	314
Intermediate Typist Clerk	161	170	180	190	201	213	225	238	252	266	281
Junior Typist Clerk	144	152	161	170	180	190	201	213	225	238	252
Chief Clerk	225	238	252	266	281	297	314	332	351	371	392
Senior Clerk	180	190	201	213	225	238	252	266	281	297	314
Intermediate Clerk	161	170	180	190	201	213	225	238	252	266	281
Junior Clerk	144	152	161	170	180	190	201	213	225	238	252
Receptionist	161	170	180	190	201	213	225	238	252	266	281

\* Former Title

The above salary schedule shall be effective the same date the county budget and/or salary ordinance becomes effective for the fiscal year 1950-51. For modification procedure see Sec. 071-10, Adoption of Compensation Plan, (W&IC 119.5, 119.6)

070-75 CLASS SPECIFICATION  
WPS

070-75

For each class specification established by the SSWB, the SDSW shall maintain official class specifications as approved by the SSWB.

1. Official class title.
2. Definition of the class, indicating, in terms of duties responsibilities, and/or place in the organization, positions to be included in and excluded from the class.
3. Statement of typical tasks to be performed by those holding positions allocated to the class.
4. Statement of minimum qualifications for determining fitness and qualifications of employees for each class of position and for temporary appointments and for applicants for examinations, which may include education, experience, knowledge, skills, ability and personal and physical traits and characteristics.
5. Additional qualifications considered so desirable that any person considered for employment who possesses them may be given additional credit in evaluation of his qualifications, even though such additional qualifications are not a prerequisite to consideration for employment.
6. The adopted schedule of pay for the class. (W&IC 119.5, 119.6; FSS-ADMIN.)

071-00 ESTABLISHMENT OF COMPENSATION PLAN  
WPS

071-00

The SSWB shall adopt a comprehensive compensation plan for all classes of positions. The plan shall include salary schedules for the various classes with salary of each class consistent with responsibility and difficulty of work as outlined in job specifications and shall be based on the principle that like salaries shall be paid for comparable duties and responsibilities in like counties. With the restriction of Sec. 071-20, Salary Advancements, such compensation plan shall include for each class of position, a minimum and a maximum rate, and three intermediate rates to provide for steps in salary advancement without change of duty in recognition of meritorious service. In arriving at such salary ranges there shall be taken into consideration the advice and suggestions of appointing authorities and county officials, county ordinances or other laws, and prevailing rates of pay in other public employment and in private business, and the current cost of living. (W&IC 119.5, 119.6; FSS-ADMIN.)



**152-60 OFFER OF SUPPORT AS INCOME**  
**OAS, ANB, APSB**

152-60

A mere offer of a contribution for support by a responsible relative or anyone else is not in itself sufficient to render a recipient ineligible. Only contributions for full or partial support which are actually received or unconditional offers of cash shall be considered as income.

The following statements apply to all offers in kind from any source and to all conditional offers of cash in either of which the applicant or recipient does not have a property right. If the cash offer is dependent upon fulfillment of a certain condition or upon refraining from a particular act, e.g., living or not living in a certain place, upon refusal of the offer by the applicant or recipient, he shall be granted aid, if otherwise eligible. (W&IC 2140, 3049, 3075, 3449, 3460; AGO NS1040, NS2300; 20 Cal (2) 870)

When the applicant has a property right, i.e., insurance, OASI, stocks, bonds, court order for support, life care contract, or other resource which he owns or in which he has an interest, the benefits accruing from such property are income. (See Sec. 152-20, Income from Personal Property.) (W&IC 2020, 2140, 2160.5, 3075, 3084, 3460 3472)

**152-90 VALUE OF CONTRIBUTIONS IN KIND**  
**OAS, ANB, APSB**

152-90

The value placed upon rent, utilities, food, or other items of support contributed in kind to an applicant or recipient shall not be in excess of an amount which will permit the recipient to meet his other needs such as incidentals, transportation, etc.

The following factors shall determine the monetary value of shelter and utilities and room and board for which the applicant or recipient is not required to pay because they are furnished by relatives, employers, or others:

**I. FREE RENT**

If an applicant or recipient is in receipt of free rent the value placed thereon shall not be less than \$5 nor more than \$15. (For exception see discussion of makeshift shelters below.) Within these minimum and maximum amounts, the value placed upon the shelter furnished without cost to any given applicant or recipient shall be determined by taking into consideration both of the following factors:

- A. Comparable rental costs in the community. In no instance shall value placed upon free rent furnished an applicant or recipient exceed the rental charged for comparable shelter in the same community, except that the minimum amount set in the standard may not be reduced.
- B. Adequacy of housing. The following definitions of sub-standard, intermediate, and standard housing shall be used to determine the degree of adequacy of the housing provided an applicant or recipient:
  1. Sub-standard housing--a dwelling or a room which does not have adequate sanitary facilities, safety provisions, or any of the other factors mentioned below.

(Section Continued on Next Page)

**152-40 LOANS AS INCOME**  
**OAS, ANB, APSB**

152-40

A bona fide loan contracted by a recipient carries with it the obligation for repayment and hence cannot be considered as making available to the recipient any net or factual amount of income. (See Glossary, Loan.) The funds derived as a result of a bona fide loan, as distinguished from a gift, are equalized by the corresponding indebtedness incurred. The proceeds of such loans shall not be considered income to the recipient when they emanate from non-responsible relatives, friends, persons or agencies, including fraternal, benevolent, and non-profit organizations, or, in OAS, private institutions on whom there rests no legal obligation for support. (W&IC 2020, 2140, 3075, 3084, 3460, 3472)

Loans from a responsible relative may be considered as income because of the legal responsibilities of the relative, provided the responsible relative has the pecuniary ability to contribute the amount of the loan. The loan shall not be considered income when the relative has no such pecuniary ability and the loan must be repaid. (W&IC 2140, 2181, 2224, 3075, 3088, 3460, 3473)

In OAS personal property holdings, and in ANB and APSB real and personal property holdings shall be re-evaluated on the first of the month following the receipt of a loan to determine whether such holdings are within the maximum permitted for the particular category of aid. (W&IC 2140, 2163, 2164, 2165, 3047, 3075, 3447, 3460)

**152-50 CONTRIBUTIONS FROM LEGALLY RESPONSIBLE RELATIVES AS INCOME**  
**OAS, ANB, APSB**

152-50

The amount of contributions received from legally responsible relatives in cash, the value of items of support given in kind, i.e., room, board, clothing, etc., and payments made by responsible relatives on behalf of the recipient and for which the recipient is responsible, i.e., mortgage payments on the recipient's real property, etc., represent income. In APSB the value of such income is subject to the \$1,000 yearly exemption. (See Sec. 361-15, Adjustment in Amount of Grant in APSB.) Exception: Premiums paid by another on the recipient's life insurance shall not be considered income. (See Sec. 152-60, Offer of Support as Income)

The spouse of a recipient may apply to his or her own support and the support of his minor children such of his income from current earnings, or resulting from past employment (civil and military pensions, OASI, or regular payments received because of industrial or unemployment compensation, etc.), as is necessary before applying the remainder, if any, to the support of the recipient. (See Secs. 171-70 and 172-05, Investigation of Responsible Relatives within State, 151-65, Income from Servicemen's Dependents Allowance Act, and 153-80, Division of Income with Spouse.)

There shall be no arbitrary division of earnings of minor children. The method of determining the amount of the earnings of the minor child to be used in a household in supplementing or in any way determining the amount of aid to be granted shall be based upon the emancipation of such minor. (See Sec. 171-40, Rights and Privileges of Parents of Minor Children.) (W&IC 2003, 2020, 2140, 2142.5, 2163, 2181.01, 2224, 3047, 3075, 3084, 3088, 3447, 3460, 3474)



153-10 GIFTS AS INCOME  
OAS, ANB, APSB

153-10

Gifts in cash or the value of items of support in kind, such as board, room, clothing, etc., received from others, including public or private agencies, fraternal, benevolent, and non-profit organizations, or private institutions having no legal obligation for support, represent income. In OAS and ANB gifts which have no significance in meeting the continuing needs of the recipient and which have been determined to represent casual income shall not be considered in determining the grant of aid. In APSB, when gifts are received the value thereof is subject to the \$1,000 exemption. (See Secs. 150-50, Types of Casual Income, and 152-60, Offer of Support as Income.) Gifts of items of personal property such as the gift of a radio, refrigerator, chair, etc., do not represent income. (W&IC 2020, 2140, 3075, 3084, 3460, 3472)

153-40 INCOME AND COURT ORDERS  
OAS, ANB, APSB

153-40

## I. COURT ORDER FOR SUPPORT OF AN APPLICANT OR RECIPIENT

When there is a court order for full or partial support of the applicant or recipient, he shall be presumed to have income in the amount awarded by the court. This presumption shall be considered to have been rebutted if the amount received as a result of the court order is less than the amount so ordered, and only the amount received shall be considered income.

The case record shall show the date and provisions of the court order. If a determination is made that no amount or a lesser amount than that awarded by the court is received, the case record shall show the facts upon which that determination is based. The following situations although not necessarily all-inclusive, would indicate the receipt of a lesser amount than that awarded by the court:

1. A showing that the court order is not enforceable because the person ordered to pay is unable to do so;
2. The court granting the award no longer has jurisdiction;
3. A showing that a request has been made of the court for enforcement of the order.

## II. COURT ORDER REQUIRING APPLICANT OR RECIPIENT TO SUPPORT OTHERS

The applicant or recipient may be in receipt of a regular monthly income, a portion of which is paid for the support of a spouse and/or children by order of a court. Such portion of the income as is paid for the support of these dependents under court order shall not be considered available to meet the needs of the recipient provided the court was aware of the individual's need for public assistance at the time the order was issued. If his need was not known to the court, the applicant or recipient shall be advised to make his need for public assistance known to the court and to request the court to review the existing order.

The portion of the income paid to dependents under an existing court order shall continue to be considered unavailable to the recipient provided his

(Section Continued on Next Page)

152-90 (Continued)

152-90

2. Intermediate housing--a dwelling or a room which does not have adequate provisions for privacy and comfort, but where there are adequate sanitary facilities and safety provisions.
3. Standard housing--a dwelling or a room which meets minimum standards of health, safety and decency, including such items as adequate privacy, sanitary facilities, and comfort.

In making the determination of the value to be placed on free housing, based upon a combination of the factors of comparable rental costs and adequacy of housing, one of three monetary amounts shall be used: the minimum amount set forth in the standard (\$5); the intermediate amount in the standard (\$10); or the maximum amount set forth in the standard (\$15).

If an applicant or recipient is residing in a makeshift shelter such as a dugout, cave, or tent, it is a "makeshift shelter." The value placed on free rent in such "makeshift shelter" shall not exceed \$3 a month.

The basis for the determination of the value placed on free rent shall be recorded in the case record.

## II. FREE UTILITIES

If all utilities are included in the free shelter provided, \$6.30 shall be added to the value placed on the free rent. Thus, for free rent and free utilities the value to be used if housing is set at the minimum amount, shall be \$11.30 a month; if housing is set at the intermediate amount, \$16.30 a month; and if housing is set at the maximum amount, \$21.30 a month.

## III. FREE ROOM AND BOARD

If free room and board are provided, the individual ordinarily has no expense for household maintenance and replacements; in which case the value for room and board shall be the sum of the values placed on free rent (\$5, \$10, or \$15), free food (\$28.50), free utilities (\$6.30), and household maintenance and replacements (\$4.50). If the room and board does not include all of these items, the total value of the items which are included shall be regarded as the value of the room and board.  
(W&IC 2140, 3075, 3460)



153-50 (Continued)

153-50

When a recipient of aid is known to be a dependent of an inmate employed in a State Prison road camp or under provisions of Sec. 2780 of the Pen. C., the county shall verify the amount of allotment, if any.

Dependents are relatives for whose support the convict is legally responsible. See Sec. 170-00, Relatives - Statutory Provisions.

When a responsible relative is an inmate of a State penal institution, the county shall inform the institution that the inmate has a dependent who is receiving aid. Notification of any assignment to a road camp or under the provisions of Sec. 2780 of the Pen. C. shall be requested.

When a responsible relative is in a prison road camp the county shall advise Prison Camps, Division of Highways, P.O. Box 1499, Sacramento, California, of the name of the recipient to whom the allotment shall be paid.

When the county is advised by a penal institution that an inmate is employed under the provisions of Sec. 2780 of the Pen. C. and of the amount credited to the dependents, the county shall, in turn, give the warden or superintendent of the penal institution the name of the person to whom the allotment shall be paid.

The county shall notify Prison Camps, Division of Highways, or the penal institution when aid is discontinued for a person receiving mandatory allotments from an inmate's road camp earnings or under provisions of Pen. C. Sec. 2780.

Allotments are usually not available until the prisoner has been in camp four months. Allotments are not regular, and are variable in amount, depending upon the number of days worked, cost of maintenance and deductions for commissary purchases.

In OAS, ANB, and APSB allotment checks shall be made out by the Department of Public Works or the penal institution to the recipient of aid.

Allotments to persons, other than responsible relatives, are voluntary and are initiated solely on the request of the prisoner himself. After the prisoner signs the form requesting such an allotment Prison Camps, Division of Highways, or the penal institution obtains an affidavit from the allottee giving the relationship to the prisoner.

Information regarding voluntary allotments in an individual case may be obtained from Prison Camps at the above address or from the warden or superintendent of the penal institution for inmates employed under Sec. 2780.

The county is notified of date and amount of each allotment check by the State Department of Public Works or the penal institution. The county is also notified when the prisoner leaves camp. (W&IC 2140, 3075, 3088, 3460, 3474)

153-40 (Continued)

153-40

request for review by the court is initiated within three months from the date he was notified to do so (three months from the date the application was granted in the case of an applicant). If the recipient has failed to initiate his request by the expiration of that period, the income paid to his dependents under the existing court order shall be considered available to meet his own need.

The case record shall show the date and provisions of the original court order, and any subsequent modifications thereof. The record shall also show the basis for the determination that any portion of the recipient's income is unavailable for his own support. (W&IC 2140, 3075, 3460)

**153-50 ALLOTMENTS FROM INMATES OF PENAL INSTITUTION****153-50****OAS, ANB, APSB**

Allotments from inmates of penal institutions as provided in Secs. 2763 and 2780 of the Pen. C. shall be considered as income in the month received and adjustment of the grant made according to the policy of the respective category of aid.

Sec. 2763 of the Pen. C. requires that the State Department of Public Works shall pay the dependents on OAS, ANB, or APSB, of an inmate employed in a State prison road camp, a monthly sum from the net credit to each inmate's account as provided below. The amount paid shall be that which the State Department of Public Works estimates will equal, but not exceed, two-thirds of his total credit during the period of his employment. Immediately prior to, or upon the termination of, the employment of any inmate for any reason, any additional payment necessary to bring the total amounts paid to such dependents up to two-thirds of the inmate's net credits shall be made. No payment shall be made to dependents until there is a net credit to the inmate's account of at least \$25. No payment shall be made to dependents which will reduce the net credit below the sum of \$25. When an inmate's dependents are not receiving aid the inmate may voluntarily designate the persons to receive his allotment.

Under the provisions of Sec. 2780 of the Pen. C., the Divisions of Forestry, Parks, and Fish and Game of the Department of Natural Resources and the Division of State Lands in the Department of Finance may use inmates of State penal institutions in camps. Federal officials may also use inmates of State penal institutions to perform necessary and proper work in national forests and parks.

When inmates are paid for their labor under Sec. 2780 of the Pen. C., the Prison Board shall monthly pay two-thirds of the net credit to each inmate's account, to those dependents who are receiving OAS, ANB, or APSB. When the dependents are not receiving one of these forms of aid such inmate may, by signing a written order, direct the Prison Board to pay an amount, not exceeding two-thirds of his net credit to such dependents as he designates, according to Pen. C., Sec. 2784. It further provides that when an inmate is discharged, while at a camp, all sums due him shall be paid upon release. When an inmate is returned to a penal institution or released on parole, his net credits shall be paid to the warden of his penal institution and by him paid to the inmate, as prescribed by the Prison Board.

The California Institution for Men at Chino is the only penal institution which has a forestry camp at present. Pending establishment of other camps, Folsom, San Quentin and the road camps connected with these institutions are assigning inmates to combat fires in emergencies on a day to day basis.

(Section Continued on Next Page)



## REVISION RECORD

Revisions issued in changing this chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.

224	234	244	254	264	274	284	294	304	314	324	334
225	235	245	255	265	275	285	295	305	315	325	335
226	236	246	256	266	276	286	296	306	316	326	336
227	237	247	257	267	277	287	297	307	317	327	337
228	238	248	258	268	278	288	298	308	318	328	338
229	239	249	259	269	279	289	299	309	319	329	339
230	240	250	260	270	280	290	300	310	320	330	340
231	241	251	261	271	281	291	301	311	321	331	341
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## REFERENCE GUIDE TO INVESTIGATION AND DECISION CHAPTER

### APPLICATION PROCEDURE

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Application Made in Private Institutions, Investigation of	OAS	230-80
Application Made While in or on Leave from State Hospital	ANB APSB OAS	230-85
Application Made While on Parole from Prison	ANB APSB OAS	230-88
Disposal of Applications	ANB APSB OAS	250-00
Reporting Action on Applications to SDSW	ANB APSB OAS	250-05
Reporting Action of Board of Supervisors to Applicant	ANB APSB OAS	250-10

### DETERMINATION OF ELIGIBILITY

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Income Verification	233-25
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**DETERMINATION OF ELIGIBILITY—Continued**
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Divorce Verification, Purpose of .....	234-25
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CCC Enrollment Records .....	ANB	APSB	OAS	230-42
Disposal of Case History .....	ANB	APSB	OAS	236-35
Evaluation of Evidence .....	ANB	APSB	OAS	230-45
Forms Used in Investigation Procedures .....	ANB	APSB	OAS	250-99
Guardianship .....	ANB	APSB	OAS	230-60
Home Visits During Investigation .....	ANB	APSB	OAS	230-75
Investigation and Decision, Definition of .....	ANB	APSB	OAS	230-20
Scope and Method of Investigation .....	ANB	APSB	OAS	230-25
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W. & I. Code, Provisions of .....	ANB	APSB	OAS	230-00

**INSTRUCTIONS ON FORMS AND RECORDING**

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Certificate of Eligibility, Purpose of .....	ANB	APSB	OAS	237-00
Content of Case Record .....	ANB	APSB	OAS	236-30
Facsimile Signatures of County Workers or Officials .....	ANB	APSB	OAS	250-50
Report of Investigation .....	ANB	APSB	OAS	236-20
Summary of Information from Review of Documentary Evidence .....			OAS	236-00

CHARLES I. SCHOTTLAND  
Director

T-  
CH-22

WNC 103, 103.5, 103.6, 1560,  
2140, 3025 3460

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
January 3, 1951

**FILED**

In the Office of the Secretary of State  
of the State of California

**JAN 30 1951**

At 3:30 P. o'clock M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 448 (OAS, ANB, APSB, ANC)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Notices of Change,  
Forms Ag, Bl, CA 232

Section 362-50 of the Manual of Policies and Procedures and Section C-569 of the Manual of Policies and Procedures - Aid to Needy Children require that Notices of Change, Forms Ag, Bl, CA 232, show the date of approval by the board of supervisors and the original or facsimile signature of the county clerk or deputy.

The only exception to this regulation relates to copies of the Notices of Change used by the county in its fiscal claim reconciliation procedure. Such copies need not show the signature of the county clerk or deputy or the date of board approval if the county has a Batch Voucher, a Register of Board Authorizations, or other comparable transmittal to the board of supervisors which shows the date of approval.

All copies of the Notice of Change submitted to the State Department of Social Welfare and those filed in the county case record shall have the date of board of supervisors' action and signature of the county clerk or deputy completed in accordance with Manual Sections 362-50 and C-569.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director



CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
January 3, 1951

*104 IC 103, 103.5, 103.6,  
1560, 2140, 3025, 3468*

**FILED**  
In the Office of the Secretary of State  
of the State of California

**JAN 30 1951**

At *3:20* o'clock *P* M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 448 (OAS, ANB, APSB, ANC)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Notices of Change,  
Forms Ag, Bl, CA 232

Section 362-50 of the Manual of Policies and Procedures and Section C-569 of the Manual of Policies and Procedures - Aid to Needy Children require that Notices of Change, Forms Ag, Bl, CA 232, show the date of approval by the board of supervisors and the original or facsimile signature of the county clerk or deputy.

The only exception to this regulation relates to copies of the Notices of Change used by the county in its fiscal claim reconciliation procedure. Such copies need not show the signature of the county clerk or deputy or the date of board approval if the county has a Batch Voucher, a Register of Board Authorizations, or other comparable transmittal to the board of supervisors which shows the date of approval.

All copies of the Notice of Change submitted to the State Department of Social Welfare and those filed in the county case record shall have the date of board of supervisors' action and signature of the county clerk or deputy completed in accordance with Manual Sections 362-50 and C-569.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director



MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
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145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EX BROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR  
Sacramento 14

January 30, 1951

IN REPLY PLEASE REFER

TO:  
**FILED**

In the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

JAN 30 1951  
3:30 P  
At 3:30 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By *Edmund G. Sigafoos* Deputy

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 439-A (Statistical) (Dated December 21, 1950)  
DEPARTMENT BULLETIN NO. 445 (Statistical) (Dated December 21, 1950)  
DEPARTMENT BULLETIN NO. 446 (OAS, ANB, APSB, ANC) (Dated Dec. 21, 1950)  
DEPARTMENT BULLETIN NO. 447 (Adop.) (Dated January 2, 1951)  
DEPARTMENT BULLETIN NO. 448 (OAS, ANB, APSB, ANC) (Dated January 3, 1951)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 103.6, 115, 116, 1560, 2140, 3075, and 3460 on January 26, 1951.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schoutland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



1297-1299

CHARLES I. SCHOTTLAND  
SECRETARY OF STATEW.R. 103, 103.5, 103.6,  
1560, 2140, 3075, 3460EARL WARREN  
GovernorSTATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
January 3, 1951**FILED**  
In the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 448 (OAS, ANB, APSB, ANC)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Notices of Change,  
Forms Ag, Bl, CA 232

Section 362-50 of the Manual of Policies and Procedures and Section C-569 of the Manual of Policies and Procedures - Aid to Needy Children require that Notices of Change, Forms Ag, Bl, CA 232, show the date of approval by the board of supervisors and the original or facsimile signature of the county clerk or deputy.

The only exception to this regulation relates to copies of the Notices of Change used by the county in its fiscal claim reconciliation procedure. Such copies need not show the signature of the county clerk or deputy or the date of board approval if the county has a Batch Voucher, a Register of Board Authorizations, or other comparable transmittal to the board of supervisors which shows the date of approval.

All copies of the Notice of Change submitted to the State Department of Social Welfare and those filed in the county case record shall have the date of board of supervisors' action and signature of the county clerk or deputy completed in accordance with Manual Sections 362-50 and C-569.

Very sincerely yours,

*Charles I. Schottland*Charles I. Schottland  
Director

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles D. Schoutland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



124-126 AD  
SECRETARY OF STATE

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
January 2, 1951

**FILED**

in the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 447 (ADOP.)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS

JAN 30 1951

At 3:30 P M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Subject: Corrections to Statistical  
Procedure Chapter of Manual  
of Adoption Policies and  
Procedures

The following corrections are to be made in your copy of the Manual of Adoption Policies and Procedures:

Sec. 2904-00, Item 5

Revise the second sentence to read "In Column 2 only the entries in this item are also the sum of the entries in Items 5A and 5B which follow." Also add the sentence "Make no entries in Column 1 for Items 5A and 5B."

Sec. 2908-00, Item 4B-1

Revise the second sentence to read "Entries under this item are made only in Columns 1 and 2."

Sec. 2908-00, Item 4B-2

Revise this item to read "Enter in Columns 1 and 4, Total and Reopened respectively, the number of cases in which information was submitted to the court without change in recommendation of the agency, or in which no further action is indicated and the case is to be considered closed."

Sec. 2999-00, Form Adop M56B

Enter "XXX" in Items 5A and 5B of Column 1.

Sec. 2999-00, Form Adop M56E

In Item 5, change the "4" to a "-" so that it reads "Pending at End of Month (Items 3 - 4)."

Also make these corrections on your supply of Forms Adop M56B and M56E.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Certified as a regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles D. Schottland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE616 K STREET  
SACRAMENTO 14  
December 21, 1950

FILED

in the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 446 (OAS, ANB, APSB, ANC)

TO: County Boards of Supervisors  
County Welfare Departments  
County Auditors

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* DeputySubject: Discontinuance During Transfer  
Period to Adjust for Overpayment  
Due to OASI (OAS, ANB, APSB, ANC)

The following exception to the provisions of Manual Section 122-53, Discontinuance and Restoration of Aid During Transfer Period, and Aid to Needy Children Manual Section C-125, County of Application, is effective immediately.

If in any transfer case it is necessary to discontinue aid to adjust for overpayment within the current adjustment period due to an increase in OASI, or the initiation of OASI payments, the first county (the county paying aid at the time of discontinuance) shall take necessary restoration action. The first county shall continue aid until the date when the second county is due to assume responsibility in the same manner as though aid had not been interrupted. The discontinuance shall not be cause for claiming participation on a non-county basis.

The foregoing applies only when discontinuance for one month is necessary in order:

- (1) To adjust for overpayments because necessary adjustment in the grant was not made effective October 1, 1950, when increased OASI payments became effective
- (2) To make necessary adjustment because of the receipt of an initial OASI payment.

There is no change in the basic requirement that restoration shall be effective as of the first day of the month in which action is taken by the board of supervisors -- see Manual Section 611-55 and ANC Manual Section C-542.

It is the intent of this bulletin to make the situation for the recipient and the county as close as possible to what it would have been if OASI deduction had been made in the proper months.

Very sincerely yours,

*Charles I. Schottland*Charles I. Schottland  
Director

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schotland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



SECRETARY OF STATE

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET

SACRAMENTO 14

December 21, 1950

FILED

in the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 445 (Statistical)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTSSubject: Study of Special Needs  
in OAS

In order to meet a specific request from a legislative committee, and for general use in connection with the legislative session, the State Department of Social Welfare urgently needs detailed information on the incidence, character and amount of special needs in Old Age Security. Accordingly, counties are requested to submit copies of the current Form Temp. 158 Ag (Computation of Total Need and Security Payment) on a small sample of Old Age Security cases receiving aid on a special needs basis.

A list of sample cases for which your county shall submit copies of Form Temp. 158 is attached\*. Because of the small size of the sample and the purely random nature of the selection, some counties having very small OAS case-loads will not be represented in the sample and hence will receive no list of cases.

Submit the Form Temp. 158 Ag on the basis of which aid is currently being granted. However, if increased OASI benefits have not yet been taken into account, or if the current form reflects a purely temporary grant/income situation due to the necessity of adjusting for increased OASI benefits for one or more prior months, the form shall be annotated to show what the normal grant and income are expected to be.

One copy of Form Temp. 158 Ag for each sample case listed shall be completed and forwarded to the Bureau of Research and Statistics, to reach that office not later than January 15, 1951.

Very sincerely yours,

*Charles I. Schottland*Charles I. Schottland.  
Director

\*List attached to County Welfare Directors' copies only.

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schottland  
(Signature)

Director  
(Title)

1-30-57  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE **FILED**

616 K STREET  
SACRAMENTO 14  
December 21, 1950

in the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 439-A (Statistical)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

70410 115  
JAN 30 1951  
At 3:30 o'clock P.  
FRANK M. JORDAN, Secretary of State  
By *[Signature]* Deputy

Subject: Supplement to ANC Permanent  
Sample Procedure

The following instructions supplement and revise Department Bulletin No. 439, ANC Permanent Sample Procedure.

Sec. 2. Add the following paragraph at the end of the section:

"A county form equivalent to Form CA 241 may be submitted in lieu of Form CA 241 if such form has been approved by the SDSW. Form CA 241 (or equivalent form) is not required for cases in which the assistance payment is made on a flat rate basis (i.e., commonly referred to as 'board and care' or charge for 'care cases')."

Sec. 4. Revise the first item under Item 1a to read as follows:

"a. Approval of a new case (including transfers from other counties).

Exclude approval of aid for an additional child in a family already receiving ANC."

Sec. 6. Revise the section to read as follows:

"1. Intake Sample

For new cases and reapplications, enter the date of the application (in your county) on the basis of which ANC is currently being granted. Disregard applications for additional children. For restorations, enter a dash.

2. Permanent (caseload) Sample

For cases in the basic caseload sample, enter the date of the application (in your county) on the basis of which ANC is currently being granted. Disregard applications for additional children and restorations. For reinvestigations, enter a dash."

Sec. 7. Revise the section to read as follows:

"Enter the date on which the board of supervisors approved the latest application or restoration (whichever is later). Disregard approvals for additional children and changes in grant."

Sec. 11. Add the following paragraph to the section:

"For cases in which the assistance payment is made on a flat rate basis, complete Item 11a and leave Items 11b through 11f blank."

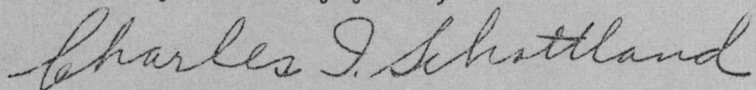
Sec. 12. Add the following sentence to Item a:

"For cases in which the assistance payment is made on a flat rate basis, enter 'flat rate'."

Sec. 12. Add the following sentence to Item d:

"For cases in which the assistance payment is made on a flat rate basis, leave this item blank."

Very sincerely yours,

A handwritten signature in cursive script that reads "Charles I. Schottland". The signature is written in dark ink and is positioned above the typed name and title.

Charles I. Schottland  
Director



7-22  
CH-2  
MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
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MIRROR BUILDING  
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SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
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948 MARKET STREET  
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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR  
Sacramento 14  
January 30, 1951

IN REPLY PLEASE REFER  
TO:

**FILED**

in the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

JAN 30 1951

At 3:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Aid to Needy Children Manual  
Letter No. 9.

These regulations contained in this material were approved  
by the State Social Welfare Board on January 26, 1951, pursuant to the  
powers conferred upon it by the Welfare and Institutions Code, Sections  
103, 103.5, and 1560, and are filed in accordance with provisions of  
Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Chasland  
(Signature)

Director  
(Title)

1-30-51  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

February 2, 1951

**FILED**

In the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Edmund G. Ryan* Deputy

AID TO NEEDY CHILDREN MANUAL LETTER NO. 9

The attached revisions numbered 48 through 50 are to be entered in your copy of the Manual of Policies and Procedures - Aid to Needy Children and the revision numbers canceled on the inside of the Manual cover.

These revisions were adopted by the Social Welfare Board on January 26, 1951, and are effective March 1, 1951.

In Sec. C-364, Part A, as revised sets forth the conditions under which such portion of a parent's income as is paid on court order for the support of a spouse or child not living in the household is not to be deducted in determining the net monthly income of the parent.

Department Bulletins No. 429 and 429A are now obsolete.



## C-364 DETERMINATION OF INCOME FROM PERSONS LIVING IN THE HOUSEHOLD

C-364

## A. PARENTS

The net monthly income from the earnings of a parent living in the household shall be computed by deducting from his take-home pay (the amount he receives after all involuntary deductions) the actual expenses incurred because of the employment which includes:

1. Additional food - the cost of lunches or other meals necessarily purchased away from home due to employment.
2. Additional clothing - the cost of purchase of clothing for employment. While the purchase of new clothing may not be necessary, employment may result in increased cost of clothing replacement. This expense is to be considered in addition to the allowance in the Cost Schedule for clothing for an employed woman.
3. Laundry and cleaning service - the cost of laundry and cleaning service, if necessary because of employment.
4. Transportation - the cost of transportation incident to employment.
5. Union dues - if paid.
6. Equipment - the cost of tools or other equipment necessary for the employment.
7. Other expenses incident to the employment, such as cost of care of children while the mother works.

If weekly earnings are regular in amount, they may be prorated to monthly amounts on the basis of 4 1/3 weeks per month. If earnings are irregular in amount, actual earnings received in the calendar month shall be considered.

If a portion of regular monthly income received by a parent is paid on court order for the support of a spouse or child not living in the household, that portion of the income affected by the court order is not available and shall be deducted in determining the net monthly income of the parent. However the parent shall be advised to request the court to review the order in the light of the family's need for public assistance. The parent shall be free to make the decision as to whether he will or will not request the court to review the order. If, after a period of three months from the date the parent was so advised, he has not taken steps to have the order reviewed, that portion of the income being paid by court order shall be considered as available and shall no longer be deducted in determining the net monthly income of the parent. If, however, steps have been taken by the parent to have the order reviewed by the court, the portion being paid shall continue to be considered not available pending further order of the court and a redetermination of net income shall be made following the issuance of the new court order.

(Section Continued on Next Page)

C-358 (Continued)

C-358

The narrative shall also include information obtained regarding potential income other than earnings from employment, any referrals made for securing potential income, and follow-up as to the results of referrals. Assistance shall not be denied or withheld pending a determination of the availability of potential income. Refusal by the parent or person legally responsible for the child to take steps to acquire income from potential sources shall be a proper cause for denial or discontinuance of assistance. (W&IC 1560)

**C-360 DETERMINATION OF INCOME SPECIFICALLY DESIGNATED FOR A CHILD**

C-360

Income specifically designated for a child by court order or by the terms of the agency or person providing the income shall be determined and considered as follows:

1. If the child's total need (including the total need of the caretaker) in accordance with the ANC standard, is greater than the income available, the child is in need. In this situation, the child and the caretaker are included in the family budget unit, and the income is considered as available to the family.
2. If the child's total need (including the total need of the caretaker) in accordance with the ANC standard, is less than the income available, the child is not in need. In this situation the child and the caretaker are excluded from the family budget unit, and the income is not considered available to the family.

Example: A minor child living with his mother (who is the caretaker) and four minor brothers and sisters has separate income of \$95 per month, received as the result of an accident. The child's and the mother's needs total \$85, including food, clothing, personal needs, recreation, transportation, insurance, medical care, and their prorated share of housing, utilities, household operations, education and incidentals, telephone, and special needs common to the household in accordance with the ANC standard. Assistance is granted for the four brothers and sisters, but not for this child and the mother since the income meets their need. The surplus income may not be applied to the needs of the brothers and sisters since it is specifically designated for the one child. (W&IC 1560)

**C-362 DETERMINATION OF INCOME IN THE FORM OF GOODS AND SERVICES**

C-362

If goods or services (such as food or clothing, etc.) are received by any member of the family budget unit, a determination shall be made as to whether these represent income, and if so, the money value of such income.

In determining the money value, the unit cost given shall be those figures in the latest Form Gen M-45, Cost Schedule, Form Gen M-39, Computation Sheet for Food Budget, Form Gen M-40, Clothing Budgets, and Form Gen M-42, Computation of Budget for Household Operation. The amount of goods on which a money value is placed shall be limited to that quantity included in the ANC standard for the number of persons to whom the income is allocated. (W&IC 1560)



C-364 (Continued)

C-364

## C. OTHER MEMBERS OF THE FAMILY BUDGET UNIT

The county shall determine whether a stepparent, ineligible minor, or person required to act as the child's caretaker is needy before such person is included in the family budget unit. If such person states he is not needy, no further investigation need be made. If he states he is needy, income shall be determined as for a parent and considered as follows:

1. If the person's total need, in accordance with the ANC standard, is greater than his net income, the person is in need. In this situation, he is included in the family budget unit and his net income is considered available to the family.
2. If the person's total need, in accordance with the ANC standard, is less than his net income, the person is not in need. In this situation, he is not included in the family budget unit and only that portion of his income which represents a net contribution, if any, is included as income available to the family budget unit.

If a stepfather states he is able to support his wife, she shall be excluded from the family budget unit. However, her net separate income shall be considered as income available to the family budget unit.

If a stepfather states he is unable to support his wife, although he is able to meet his own needs, the county shall determine the stepfather's net income and relate it to the needs of the stepfather and his wife to determine whether the wife is to be included in the family budget unit. The wife shall be included in the family budget unit only if the stepfather's income does not meet the total need of both in accordance with the ANC standard.

If a needy stepparent or non-needy stepfather who states he cannot support his wife fails or refuses to disclose complete and accurate information concerning income, such failure or refusal shall be proper cause for excluding the needy stepparent or wife of the non-needy stepfather from the family budget unit.

## D. PERSONS NOT MEMBERS OF THE FAMILY BUDGET UNIT

Net income to the family budget unit from persons in the household, including the non-needy emancipated minor and the adult child, shall be determined by deducting from their actual payment:

(Section Continued on Next Page)



C-364 (Continued)

C-364

## B. MINORS

The county shall determine whether or not the minor is currently emancipated since this affects the treatment of income.

1. Earnings of Unemancipated Minor - The net monthly income to the family budget unit from the unemancipated minor's earnings shall be determined by deducting from his take-home pay (the amount remaining after all obligatory deductions are made) the following:
  - a. 25% (not to exceed \$15) of the take-home pay for personal incidentals, increased recreational needs, and community participation.
  - b. An amount which may be set aside by the minor from earnings for future educational plans agreed upon with the county provided such savings are within the eligibility requirements for personal property as set forth in Sec. C-325. The plans agreed upon shall be recorded in the narrative in accordance with Sec. C-200.
  - c. The actual expenses incurred because of employment, as follows:
    - (1) Additional food - the cost of lunches or other meals necessarily purchased away from home due to employment.
    - (2) Additional clothing - the cost of purchase of clothing for employment. While the purchase of new clothing may not be necessary, employment may result in increased cost of clothing replacement.
    - (3) Laundry and cleaning service - the cost of laundry and cleaning service if necessary because of employment.
    - (4) Transportation - the cost of transportation incident to employment.
    - (5) Union dues - if paid.
    - (6) Equipment - the cost of tools or other equipment necessary for the employment.
    - (7) Other expenses incident to the employment.
2. Earnings of Needy Emancipated Minor - The emancipated minor under 18 who is needy shall be included in the family budget unit and his net earnings deducted as income. An emancipated minor is needy if his net earnings do not cover his total needs (including his prorated share of household expense). In determining the net income from the earnings of the emancipated minor, the same method is used as that outlined above for the employed parent.

If weekly earnings are regular in amount, they may be prorated to monthly amounts on the basis of 4 1/3 weeks per month. If earnings are irregular in amount, actual earnings received in the calendar month shall be considered.

(Section Continued on Next Page)

MAIN OFFICE  
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145 SOUTH SPRING STREET  
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SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR

Sacramento 14  
January 30, 1951

IN REPLY PLEASE REFER  
TO:

**FILED**

In the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland* Deputy

Dear Mr. Jordan:

Attached are three copies of the following resolution issued  
by the State Department of Social Welfare.

### STATE SOCIAL WELFARE BOARD RESOLUTION

This resolution was approved by the State Social Welfare Board  
pursuant to the powers conferred upon it by the Welfare and Institutions  
Code, Sections 103, 119.5, and 119.6 on January 26, 1951.

This resolution is to be effective immediately upon filing with  
the Secretary of State, since this has been found necessary for the  
immediate preservation of the public peace, health and safety or general  
welfare and that notice and public procedure thereon are impracticable,  
unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles I Schattland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



STATE SOCIAL WELFARE BOARD RESOLUTION

- WHEREAS, the Merit System Examining Agency has proposed the adoption of a new accelerated and continuous examination program for seven clerical classes; and
- WHEREAS, the Merit System Advisory Committee has recommended that this new examining program be approved for a trial period; and
- WHEREAS, the State Social Welfare Board has approved the giving of these examinations in accordance with the recommendations of the Merit System Advisory Committee; and
- WHEREAS, these examinations are to be administered by the State Department of Employment in accordance with the qualification standards of the State Personnel Board and the procedures established by the State Department of Employment and the State Personnel Board; and
- WHEREAS, for the purposes of these examinations, the qualification standards and procedures established by the Merit System Examining Agency and the State Department of Social Welfare must be based on the same qualification standards of the State Personnel Board and the procedures established by the State Department of Employment and the State Personnel Board; and
- WHEREAS, the qualification standards and procedures established by the Merit System Examining Agency and State Department of Social Welfare for the continuous testing program differ in certain minor respects from those qualification standards and procedures currently approved for the County Merit System;

THEREFORE BE IT RESOLVED that the qualification standards and procedures for the following classes

Junior Clerk  
Intermediate Clerk  
Junior Typist Clerk  
Intermediate Typist Clerk  
Junior Stenographer Clerk  
Intermediate Stenographer Clerk  
Account Clerk

adopted and issued for the continuous testing program by the Merit System Examining Agency and State Department of Social Welfare be approved for a trial period wherever they may be in conflict with the qualification standards and procedures now in effect under the County Merit System plan as approved by the State Social Welfare Board.

**FILED**  
In the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

- 22  
CH-2

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
January 30, 1951

IN REPLY PLEASE REFER  
TO:

**FILED**

in the Office of the Secretary of State  
of the State of California

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

JAN 30 1951

At 3:31 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Adoption Manual Letter No. 25.

These regulations were adopted by the State Social Welfare  
Board on January 26, 1951, pursuant to the powers conferred upon it by  
the Welfare and Institutions Code under Section 103, and are being  
filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Chablaup  
(Signature)

Director  
(Title)

1-30-51  
(Date)



CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE in the Office of the Secretary of State  
616 K STREET  
SACRAMENTO 14  
of the State of California

February 2, 1951

JAN 30 1951

At 3:30 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By *[Signature]* Deputy

ADOPTION MANUAL LETTER NO. 25

The attached revision numbered 134 is to be entered in your copy of the Manual of Adoptions and the revision number canceled on the inside of the Manual cover.

The revisions were adopted by the Social Welfare Board on January 26, 1951.

New Sec. 2920-00 has been added to incorporate the instructions for the completion of Form Adop M56, SDSW Monthly Statistical Report on Adoptions, into the Manual. The sample of Form Adop M56 is to be included in Sec. 2999-00 following Form Adop M42.

The revised Form Adop M56 is to be used for the report covering the month of February 1951 and thereafter.

Form Adop M56 is to be completed by SDSW workers only and does not apply to adoption agencies licensed by the SDSW.

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## STATISTICAL PROCEDURES

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### STATISTICAL PROCEDURES

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2920-00 (Continued)

2920-00

Identification Data

Complete the identification data in the space provided at the top of Form Adop M56 as follows:

Area or worker - Enter the name of the area or worker whose activity is covered by the report.

Report for the Month of - Enter the month and year covered by the report.

Part A

Report in this section the adoption cases assigned to SDSW adoption workers. Certain items in some columns have been x'd out to indicate that there is no possible entry.

Column Definitions

Column 1. Total. Enter in this column the sum of the entries in Columns 2 through 8, for each item.

Column 2. New Petitions. Report in this column the number of new petitions, i.e., those filed for the first time. New petitions on which an extension is granted are excluded from Column 2 in the month in which the extension is granted; report such cases in Item 4B-1 and in Item 2C, Column 3.

Column 3. Extensions. Enter the number of new petitions on which an extension of the investigation period has been granted by the court. Remove the new petitions from Column 2 by making an entry in Item 4B-1, and show the same figure in Item 2C, of Column 3, Extensions. Only the first extension is to be shown in Items 2 and 2C. If the investigation period is extended further, the cases simply remain in this column until disposed of.

Column 4. Reopened. Use this column for reporting the number of adoption cases that are being reopened for any reason after having been closed. Include cases on which supplemental reports are being made and any reactivated off-calendar cases.

Columns 5 and 6. Revocations. Use Columns 5 and 6 for reporting the number of actions filed to set aside adoptions because of circumstances which developed within the five year period after the adoption was completed.

Column 5. SDSW Revocations. Use this column for reporting revocations of independent adoptions that were handled by SDSW staff.

Column 6. Other Revocations. Use this column for reporting revocations of independent, relinquishment, and stepparent adoptions that were handled by a public agency (other than the SDSW), a private agency, or a probation officer.

(Section Continued on Next Page)



2920-00 SDSW MONTHLY STATISTICAL REPORT ON ADOPTIONS, FORM ADOP M56

2920-00

The SDSW Monthly Statistical Report on Adoptions, Form Adop M56, is designed to provide data on the adoption caseloads carried by SDSW workers during the month, and does not apply to adoption agencies licensed by the SDSW. (For reports required of agencies licensed by the SDSW, see Sec. 2900-00). The report covers all independent adoptions and in some instances procedures involving step-parent and relinquishment adoptions, e.g., "Other Revocations" (Column 6) which cover all types of adoptions.

Individual reports are prepared for each worker and a report summarizing all adoptions for the area is compiled from the reports of the individual workers. The workers' reports are primarily for the information of the area supervisors of adoptions. The statewide report compiled by the Bureau of Research and Statistics is used for program planning, budget estimating, and to provide needed information for administrative and legislative purposes.

The report for the area is compiled as follows from the workers' reports:

1. Summarize the individual reports into one area report.
2. Adjust this area report for intra-area transfers, i.e., transfers between workers in the same area, by:
  - a. Subtracting the entry in Item 2B from the entries in Items 2, 2B, and 3 in all applicable columns.
  - b. Subtracting the entry in Item 4B-4 from the entries in Items 4, 4B, and 4B-4 in all applicable columns.

Note: To make these adjustments, Item 2B must be the same as Item 4B-4. On the area report submitted to the Bureau of Research and Statistics entries in Items 2B and 4B-4 will be "0".

3. Check the resulting area report for arithmetical accuracy, e.g., Item 1 plus Item 2 equals Item 3, etc.

#### Due Date - Area Reports

The report for each area is due in the Bureau of Research and Statistics, 616 K Street, Sacramento, not later than the 8th calendar day of the month following the month covered by the report.

#### Number of Copies

The area reports are to be prepared in triplicate. One copy is to be retained for the area files, one copy is to be forwarded to the Bureau of Research and Statistics, and the third copy is to be forwarded to the Bureau of Adoptions in Sacramento.

(Section Continued on Next Page)

2920-00 (Continued)

2920-00

Item 4B-1. Extensions Granted. Enter the number of new petitions on which the SDSW was granted an extension of the investigation period by the court. Report only the first extension in this item. Note that extensions are to be reported only in Columns 1 and 2, all other columns are x'd out for this item.

Item 4B-2. Returned to Inactive File. Enter the number of reopened cases on which there was work done but no report was made to the court.

Item 4B-3. Transferred to Another Area. Enter the number of adoption cases transferred to another area during the month. In order to facilitate adjustment of the statewide report by the Bureau of Research and Statistics, the area or areas to which these cases are being transferred should report them in the same month's report in Items 2 and 2A.

Item 4B-4. Transferred to Another Worker in Same Area. Enter the number of adoption cases transferred to another worker in the same area. The total number of entries in this item for the area should be the same as the entry in Item 2B, Transferred from Another Worker in Same Area.

Item 4B-5. Transferred to Another Agency. Enter the number of adoption cases transferred to another agency. Include cases transferred to probation officers because the petitioner is a stepparent of the child.

Item 5. Pending End of Month. Enter the number of adoption cases awaiting recommendation or other action of the agency at the close of the calendar month. The entry must equal Item 3 minus Item 4.

#### Part B. Services

This section is to be used for reporting the volume of requests for service relative to adoption cases referred to the area. It includes requests for service on all types of adoption cases, i.e., relinquishment, independent, and stepparent. It is divided into four columns for reporting requests from other states (Column 1), requests from SDSW staff in other areas (Column 2), other SDSW workers in the same area (Column 3), and requests from other California agencies, both public and private (Column 4).

Item 6. Pending Beginning of Month. Enter the number of requests for service that were brought forward from the previous month. The entries in each column should agree with those in Item 10 of last month's report. If Item 10 was in error, make the correction in Item 6 and give the reason for the correction on the back of the form.

Item 7. Received During Month. Enter the number of requests for service that were received during the month, including requests forwarded from other agencies.

Item 8. Total Requests for Month. Enter the sum of Items 6 and 7.

Item 9. Requests Disposed of. Enter the number of requests for service that were disposed of during the month, including requests forwarded to other agencies.

Item 10. Pending End of Month. Enter the number of requests for service that were not completed by the end of the month. This entry must equal Item 8 minus Item 9.



2920-00 (Continued)

2920-00

Column 7. Appeals. Use this column for reporting appeals filed with the court by petitioners or natural parents. Include appeals concerning the recommendations of the SDSW or failure of the SDSW to complete the adoption within the allotted time and appeals from actions on petitions to withdraw consent.

Column 8. Petition to Withdraw Consent. Use this column for reporting the adoption cases in which the natural parents requested approval for withdrawal of consent either by motion or by filing petition.

Item 1. Brought Forward from Last Month (Item 5 last month). Enter the number of adoption cases that were pending further action at the close of last month's business. If the entries are not the same as in Item 5 last month, an explanation shall be given on the reverse of the report.

Item 2. Added During Month. Enter the sum of Items 2A, 2B, and 2C.

Item 2A. Transferred from Another Area. Enter the number of adoption cases transferred from another area during the month. In order to facilitate adjustment of the statewide report, the area from which these cases are transferred should report the cases in the report for the same month in Item 4B-3.

Item 2B. Transferred from Another Worker in Same Area. Enter the number of adoption cases transferred from another worker in the same area. The sum of the entries in this item for all of the workers in the area must equal the sum of the entries for Item 4B-4.

Item 2C. All Other. Enter the number of adoption cases added during the month for investigation or report, including transfers from other agencies, but excluding transfers of cases between workers and between areas.

Item 3. Total Active During Month. Enter in each column the sum of Items 1 and 2.

Item 4. Total Disposed of During Month. Enter the sum of Items 4A and 4B.

Item 4A. Court Reports Filed. Enter the sum of Items 4A-1 through 4A-4.

Item 4A-1. Approved. Enter the number of adoption cases in which the SDSW has made a recommendation to the court approving the petition; include conditional approvals.

Item 4A-2. Denied. Enter the number of adoption cases in which the SDSW has made a recommendation to the court denying the petition.

Item 4A-3. Dismissed. Enter the number of adoption cases in which the petition was dismissed by the court and on which a report was submitted during the month.

Item 4A-4. Report Only. Enter the number of adoption cases in which the SDSW submitted a report to the court without recommendation.

Item 4B. Other Dispositions. Enter the sum of Items 4B-1 through 4B-5.  
(Section Continued on Next Page)



State of California

SDSW MONTHLY STATISTICAL REPORT ON ADOPTIONS  
(For SDSW Staff Only)

Department of Social Welfare

Area or Worker \_\_\_\_\_

Report for Month of \_\_\_\_\_

PART A	Total (1)	New Petitions (2)	Exten- sions (3)	Reopened (4)	REVOCATIONS		Appeals (7)	Petition to Withdraw Consent (8)
					SDSW (5)	Other (6)		
1. Brought forward from last month (Item 5 last month)....								
2. Added during month (Item 2A $\neq$ 2B $\neq$ 2C).....								
A. Transferred from another area.....								
B. Transferred from another worker in same area.....								
C. All other.....								
3. Total active during month (Item 1 $\neq$ 2).....								
4. Total disposed of during month (Item 4A $\neq$ 4B).....								
A. Court reports filed (Sum of Items 4A-1 thru 4A-4)...								
1) Approved.....								
2) Denied.....								
3) Dismissed.....								
4) Report only.....								
B. Other Dispositions (Sum of Items 4B-1 thru 4B-5)....								
1) Extensions granted (Same as Item 2C, Col. 3)....			xxx	xxx	xxx	xxx	xxx	xxx
2) Returned to inactive file.....		xxx	xxx		xxx	xxx	xxx	xxx
3) Transferred to another area.....								
4) Transferred to another worker in same area.....								
5) Transferred to another agency.....					xxx	xxx	xxx	
5. Pending end of month (Items 3 minus 4).....								
PART B - SERVICES		Out of State Requests (1)		REQUEST OF SDSW		Request of Another California Agency		
				Other Area (2)	Same Area (3)			
6. Pending beginning of month.....								
7. Received during month.....								
8. Total requests for month (Item 6 $\neq$ 7).....								
9. Requests disposed of.....								
10. Pending end of month (Item 8 minus 9).....								

Form Adop. 156, Revised January 1951

Prepared by: \_\_\_\_\_

2999-00 (Continued)

FORM Adop M56

STATISTICAL PROCEDURES

2999-00

2999-00

MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET  
14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
148 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
January 30, 1951

T-22  
CH-2

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 449 (Stat.) (Dated January 29, 1951)  
DEPARTMENT BULLETIN NO. 450 (ANC) (Dated February 1, 1951)

These regulations were adopted by the State Social Welfare Board on January 26, 1951, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103.5, 115, 116, 1557, 1558, 1559, and 1560, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*  
Deputy

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J Schottland  
(Signature)

Director  
(Title)

1-30-57  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

February 1, 1951

FILED

In the Office of the Secretary of State  
of the State of California

JAN 30 1951

At 3:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 450 (ANC)

TO: CHILDREN'S INSTITUTIONS  
MATERNITY HOMES

Subject: Applications for ANC  
Filed by Institutions

This bulletin supersedes Department Bulletin No. 233 Rev. in describing the special policies and procedures under which applications for ANC may be filed by institutions. Because the Manual of Policies and Procedures--Aid to Needy Children is written for the use of county welfare departments, those policies and procedures peculiar to institution filing are incorporated in bulletin form. However, the ANC Manual and department bulletins will continue to be used by the institutions in determining eligibility, in completing forms, and in claiming state funds under the ANC program.

Effective March 1, 1951, all required forms pertaining to applications and claims for state funds under the ANC program shall be sent to the State Area Office serving the county in which the institution is located (for discontinued cases, see Section VI). The first claim to be sent to the Area Office shall be that for February 1951. (The addresses of the Area Offices and the names of the counties they serve are listed at the end of this bulletin.) The required forms are:

- CA 200A - Institution, Revised January 1950, Application for Aid to Needy Children
- CA 201A - Institution, Revised December 1949, Certificate of Eligibility
- CA 232 - Notice of Change
- CA 800-I - Institution Aid Affidavit to Accompany Monthly Claim for Aid
- CA 801-I - Monthly Claim for State Aid to Needy Children

These forms may be secured without cost from the Central Office of the State Department of Social Welfare, 616 K Street, Sacramento, California.

I. Application for Aid to Needy Children, Form CA 200A-Institution

A. General

Form CA 200A-Institution, Revised January 1950, is the institution's application to the State Department of Social Welfare for state funds

for the child or children whom the institution is maintaining and who the institution believes may be eligible to receive ANC. One form shall be completed for all the children of one family whom the institution is maintaining, i.e., children having both parents in common. If ANC is being requested for children who have only one parent in common, e.g., half brother and sister, separate applications shall be completed.

Form CA 200A-Institution shall be completed in duplicate. The original shall be forwarded to the Area Office of the State Department of Social Welfare and the copy retained in the institution case file.

B. Instructions for Completion of Form CA 200A-Institution

Upper right hand corner: The State Number is inserted on the institution's copy after the Area Office of the State Department of Social Welfare has returned a copy of Form CA 201A-Institution, with the state number assigned to the case. Institution File Number: Insert the institution file number assigned to the case. Former State Number if Reapplication or Additional Child: If a state number has been previously assigned, this number shall be inserted. If state funds are requested for an additional child of the same family group already receiving ANC in the institution, the state number for the family shall be inserted.

Name and Address of Institution: Enter the name and address of the institution.

Superintendent or Other Person Authorized to Represent Institution: Enter the name of the superintendent or other person authorized to represent the institution which is making application.

Item 1. Surname, Given Name: Enter the surname and given name for each child of the same parents for whom ANC is requested.

Item 2A. Name of Father: Enter the father's surname and given name.

Item 2B. Full Name of Mother: Enter the mother's surname, maiden name, and given name.

Items 3, 4, and 5 provide a guide to the institution in securing information and beginning the determination of eligibility regarding the child or children's deprivation of parental support or care, residence, resources, and need. The sub-items need not be designated.

The form shall be signed by the superintendent or other person authorized to represent the institution as soon as it is reasonably certain that the child or children are eligible for ANC. This is important since the date of the application has a bearing upon the beginning date of payment of state funds. (Section 1558 of the Welfare and Institutions Code states that in no event shall payments antedate the date of an application.)



## II. Determination of Eligibility

It will be noted that the Manual of Policies and Procedures--id to Needy Children was prepared primarily for the use of the counties. Therefore, many sections of the Manual do not have the same connotation for the institution filing ANC applications with the State Department of Social Welfare. For instance, "applicant" or "payee" refers to the person who is usually caring for the child and who is requesting or receiving money payments in behalf of the child, whereas the institution maintaining the child files application for state funds to the extent of ANC available. However, in either event, the points of eligibility set forth in the Welfare and Institutions Code, the regulations of the State Department of Social Welfare, and the general provisions in the Manual for determining eligibility shall be followed by the institutions, as well as by the counties. Necessarily, there must be sufficient variation in procedure and in certain policies to permit adaptability.

Institutions filing applications direct with the State Department of Social Welfare shall be governed by the ANC Manual where the procedure set forth therein is applicable to the individual situation. The entire sections on Deprivation and Age are basic for the determination of the deprivation of parental support or care and for the birth date. Most of the sections on Property and Income are applicable to children under the care of an institution, although some may seldom be used. The section on State Residence is important because, for the child not born in California, state residence must always be established. County residence need not be established for the child maintained by an institution.

## III. Amount of State Funds Available Under the ANC Program

If the contribution of a parent, or other income for the specific support of a child, is less than the institution's charge for care for the child, the institution may request state funds in the amount (not exceeding \$24 per month per child) which is the difference between such income and the charge for care.

Example: A child for whose support \$60 a month is being paid by his father is receiving care in an institution in which the charge for care for the child is \$85 per month. Since there is a difference of \$25 between the \$85 charge for care and the \$60 support from the father, the full amount of state funds available, \$24, may be claimed by the institution.

If eligibility is established, state funds are available from the date the application, Form CA 200A-Institution, is signed by the institution representative, unless the institution indicates that the child or children's eligibility did not begin until at a later specified date.

## IV. The Certificate of Eligibility, Form CA 201A-Institution

### A. General

Form CA 201A-Institution, Revised December 1949, is the institution's



certification to the State Department of Social Welfare that the designated points of eligibility have been determined and that supporting evidence is on file in the institution. It is also the institution's request for state funds in the specific indicated amount(s) for the child or children whose eligibility is being certified. A separate Form CA 201-Institution shall be completed for each Form CA 200A-Institution. It shall be completed for all the children of one family whom the institution is maintaining and for whom the institution is requesting state funds, i.e., children having both parents in common. If ANC is being requested for children who have only one parent in common, e.g., half brother and sister, separate Certificates of Eligibility shall be completed.

Form CA 201A-Institution shall be completed in triplicate on new cases. The original and one copy shall accompany each Form CA 200A-Institution submitted to the Area Office of the State Department of Social Welfare and a second copy retained in the institution case file. One of the forms sent to the Area Office of the State Department of Social Welfare will be returned to the institution after the State Department of Social Welfare has approved or denied the institution's request for state funds. On the copy returned, the State Department of Social Welfare will have completed the box in the upper left hand corner of the form and the item "State Number".

B. Instructions for Completion of Form CA 201A-Institution

The upper right hand section of the form, which concerns a "non-county case", should be disregarded as there is no county financial participation in an application filed directly with the State Department of Social Welfare by an institution.

Item 1. Name of Applicant: Enter the name of the institution requesting state funds.

Relationship to Children: Disregard.

County Number: Enter the institution file number assigned to the case.

Former State Number: Enter the state number which has been previously assigned, if any. If state funds are requested for an additional child of the same family group already receiving ANC in the institution, the state number for the family shall be inserted (see instructions for completing Form CA 200A-Institution).

State Number: The state number is inserted on the institution's copy after the Area Office of the State Department of Social Welfare has authorized payment of state funds and assigned a number to the case.

Item 2. Children's Surname, Mother's Name, Father's Name: Enter the children's surname, the mother's surname and given name, and the father's surname and given name for each child of the same parents for whom ANC is requested.

Item 3. Deprivation of Support or Care: Check in the applicable space or spaces to show the reason or reasons for deprivation of support or care.

Item 4. Children's Names: Enter the children's names. Birthdates: Enter the month, day, and year of birth opposite the name of each child. School Enrollment: Disregard. Living Plan: If the child is living in the institution, enter "Inst." If the child is living in a boarding home, enter "B.H.". Payee and Federal Participation: Disregard.

Item 5. State Residence: Check in the applicable space to show how the child's state residence is established, i.e., by birth, by the physical presence of the child, by parent's residence, or by any pertinent combination of these factors.

Item 6. Property - Real and Personal: Check each space to indicate that real and personal property owned by the parents and children is within the maximums under the ANC law and to indicate that no voluntary assignment of property was made to qualify for assistance.

Item 7. Assistance Plan - Family Budgetary Basis: Disregard.

Item 8. Assistance Plan - Individual Child Basis: Name of Child: Enter the given name of the child. Total Need: Enter the institution's charge for care for the child. Parent's Contribution: Enter the amount of the parent's monthly contribution for the child. If the parent does not contribute, enter "none". Other Income - Sources and Amounts: Enter each source of net income and the amount of income from each source other than the contribution by the parent. If there is no such income, enter "none". Assistance Payment: Enter the amount of state funds being requested for each child.

Item 9. Recommendation to the State Department of Social Welfare: Enter the name of the child or children for whom state funds are being requested. The institution representative shall sign and date the Certificate of Eligibility.

#### V. Redetermination of Eligibility

In order that there will be assurance that children for whom ANC is being paid remain eligible to receive public funds, redetermination of their eligibility shall be made at least annually. Redetermination is necessary at more frequent intervals in cases where a change in the status of the parents, assets, or income raises a question of continued eligibility. All evidence, including the narrative history, must be re-evaluated at the time of redetermination in accordance with the current rules and regulations of the State Department of Social Welfare and the Welfare and Institutions Code. The case record must show the steps taken by the institution to secure any additional required evidence establishing continued eligibility.



For current cases redetermination of eligibility shall be due in the anniversary month of approval by the State Department of Social Welfare. When eligibility has been redetermined, the Certificate of Eligibility, Form CA 201-A, Institution, shall be completed in duplicate. The original shall be sent to the Area Office of the State Department of Social Welfare and the copy shall be retained in the institution case file. The Certificate of Eligibility used to report a redetermination of eligibility shall be marked "redetermination" in the upper right hand corner.

VI. The Notice of Change, Form CA 232

The Notice of Change, Form CA 232, is used to inform the Area Office of the State Department of Social Welfare of an increase, decrease, discontinuance, or restoration of aid. (See ANC Manual Section C-569, Instructions for Completing the Notice of Change. In the upper right hand corner of the form where "County" and "County No." are indicated, enter the name of the institution and the institution file number.)

Section VI of the form requires the signature of the superintendent, or other person authorized to represent the institution, on the line marked "County Clerk or Deputy". The date of the signature should be entered on the line above.

For reporting restorations, the Notice of Change is completed in triplicate, two copies being submitted to the Area Office of the State Department of Social Welfare, and one copy retained in the institution case file. For reporting discontinuances, the Notice of Change is also completed in triplicate. However, only one copy is submitted to the Area Office, with a second copy being sent to the Central Office of the State Department of Social Welfare, 616 K Street, Sacramento, Attention Bureau of Research and Statistics, and one copy retained in the institution case file. For reporting increases or decreases, the Notice of Change is completed in duplicate, one copy being submitted to the Area Office of the State Department of Social Welfare and one copy retained in the institution case file.

VII. Eligibility on First of Month

For the child who is eligible on the first day of the month the institution is entitled to receive state funds of \$24 for the full month, even though the child's status may change at some time during that month. Therefore, if the child receiving ANC is in the institution (and eligible) on the first of the month, the institution may claim \$24 for the full month. Exception: If there is a transfer to another agency entitled to state funds, the total amount of state funds to both agencies may not exceed \$24 for the month.

If the child is not in the institution on the first of the month but is received during the month, claim may be made for the portion of the month that the child is in the institution.

State funds will be allowed for the full month during which the 18th birthday occurred. Exception: The child whose 18th birthday falls on



the first day of the month is not eligible to receive ANC for that month.

VIII. Child Receiving Temporary Care in a Public Hospital

An institution may claim ANC for a child who leaves the institution for a temporary period to receive medical or surgical care in a county hospital. State funds may be claimed for only two calendar months following the month during which the child is admitted to the hospital. If the child entered the hospital on the first day of a month, ANC shall be discontinued effective as of the last day of the next month, if he is still in the hospital.

IX. Additional Instructions - Maternity Homes

A. The Application, Form CA 200A-Institution

When an application is being made by a maternity home for state funds for an unborn child, the Form CA 200A-Institution shall be completed as described in Section I of this bulletin, except that in Item 1, the "Given Name" of the child shall be entered as "unborn".

B. Determination of Eligibility

Eligibility for ANC must be determined for the unborn child in the same manner as for the child who is already born. In this connection, particular attention is called to the following ANC Manual Sections:

C-225 Definition of Deprivation of Parental Support or Care which states, in part, that "The word 'child' includes the unborn child if pregnancy has been verified by a physician's oral or written statement."

C-240 Definition of Deprivation of Parental Support or Care by Reason of Continued Absence from the Home

C-245 Determination of Deprivation of Parental Support or Care by Reason of Continued Absence from the Home which states, in part, "The narrative shall include the applicant's statement -----". If the applicant can give definite, clear, and complete information and there is no doubt regarding the situation -----, additional evidence is not required."

C-273 Definition of State Residence. If the mother is an unmarried minor, her state residence is that of her parents.

The state residence of an unborn child is that of its mother.

C-300 Real Property Requirements, paragraph 3 and C-325 Personal Property Requirements, paragraph 3, both of which refer to property of the child's father if he is not married to the mother.

C-356 Responsibility of Relatives

C. The Certificate of Eligibility, Form CA 201A-Institution

If Form CA 201A-Institution is being prepared to request state funds for an unborn child, it shall be completed as described in Section IV of this bulletin, except that wherever the child's name is required it shall be entered as "unborn".

D. The Notice of Change, Form CA 232

As soon as is administratively possible after the birth of the child, a Notice of Change shall be prepared to give the name of the child in Section I, Column 1, and the date of birth in the space entitled "Reason for Change".

X. Case Records

The institution shall maintain case records containing all information regarding each child for whom application is made or who is receiving assistance, including the evidence on which determination of eligibility is based as certified on the Certificate of Eligibility, Form CA 201A-Institution.

The case record shall contain the face sheet (unless a substitute plan has been approved by the State Department of Social Welfare), a social history, and subsequent narrative entries. It shall also include, in a uniform arrangement, copies of all forms completed in connection with an application and determination of eligibility, including copies of all forms required for submission to the State Department of Social Welfare, and copies of all correspondence.

The Application, Form CA 200A-Institution; the Certificate of Eligibility, Form CA 201A-Institution, together with any documents supporting determination of eligibility; the Notice of Change, Form CA 232, and accounting records constitute permanent records. One copy each of such forms, documents, and records shall be preserved irrespective of the length of time payment of state funds may have been discontinued.

For the Confidential Nature of Records, see Manual Section C-025.

XI. Addresses of the Area Offices of the SDSW and Counties They Serve

Sacramento Area Office  
924 - 9th Street  
Sacramento 14, California

Alpine	Madera	Sierra
Amador	Mariposa	Siskiyou
Butte	Merced	Stanislaus
Calaveras	Modoc	Sutter
Colusa	Nevada	Tehama
El Dorado	Placer	Trinity
Fresno	Plumas	Tulare
Glenn	Sacramento	Tuolumne
Kings	San Joaquin	Yolo
Lassen	Shasta	Yuba



San Francisco Area Office  
Graystone Building  
948 Market Street  
San Francisco 2, California

Alameda  
Contra Costa  
Del Norte  
Humboldt  
Lake  
Marin  
Mendocino  
Monterey

Napa  
San Benito  
San Francisco  
San Mateo  
Santa Clara  
Santa Cruz  
Solano  
Sonoma

Los Angeles Area Office  
Mirror Building  
145 South Spring Street  
Los Angeles 12, California

Imperial  
Inyo  
Kern  
Los Angeles

Mono  
Orange  
Riverside  
San Bernardino

San Diego  
San Luis Obispo  
Santa Barbara  
Ventura

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director



State No. \_\_\_\_\_

Institution File No. \_\_\_\_\_

Former State Number if Reapplication or  
Additional Child \_\_\_\_\_APPLICATION FOR AID TO NEEDY CHILDREN

STATE OF CALIFORNIA

INSTITUTION: \_\_\_\_\_

Name and Address of Institution

TO THE STATE DEPARTMENT OF SOCIAL WELFARE

I, \_\_\_\_\_ hereby

Superintendent or other person authorized to represent institution

make application for Aid to Needy Children under provisions of Section 1557, Division II, Part 2, Chapter 1, of the Welfare and Institutions Code, for the following children:

1. SURNAME	GIVEN NAME	SURNAME	GIVEN NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. A. NAME OF FATHER

B. FULL NAME OF MOTHER

Surname	Given Name	Surname	Maiden	Given Name
---------	------------	---------	--------	------------

3. Each child is deprived of parental support or care for one of the following reasons:

- A. Death of Parent
- B. Continued Absence of Parent from the Home
- C. Physical or Mental Incapacity of a Parent

4. Each child has residence in the State of California for one or more of the following reasons:

- A. Physical presence in the State of California for at least 1 year immediately preceding the date of application.
- B. Birth in the State of California.
- C. Residence of parent or parents in the State of California for at least 1 year immediately preceding the date of application.

5. Each child is in need for the following reasons:

- A. Child(ren) and/or parents do not own real property with an assessed valuation (less encumbrances of record) in excess of \$3,000.
- B. Child(ren) and/or parents do not have cash and/or securities in excess of \$600.
- C. Each whole orphan does not own cash and/or securities in excess of \$600.
- D. Child does not receive adequate support from parents or other source.

Signature of Superintendent or Other Person Authorized  
to Represent Institution

Date \_\_\_\_\_, 19\_\_\_\_

AID TO NEEDY CHILDREN

IF NON-COUNTY CASE ENTER

To be completed by the State Department of Social Welfare

Payment to Begin

REMARKS:

Signature of Reviewer

Date

Date residence began in county of application

and

Date County Participation begins

ATTACH CA234

1. Name of ApplicantRelationship to ChildrenCounty NumberFormer State NumberState Number

2. Children's SurnameMother's NameFather's NameChildren's SurnameMother's NameFather's Name

3. DEPRIVATION OF SUPPORT OR CARE

Reason: DeathMotherFatherAbsenceMotherFatherIncapacity: PhysicalMotherFatherMentalMotherFather

4.

CHILDREN'S NAMES	BIRTHDATES MO./DAY/YEAR	SCHOOL ENROLLMENT 16-18 YES OR NO	LIVING PLAN	PAYEE—IF OTHER THAN APPLICANT		FEDERAL PARTICI- PATION	
				NAME	RELATIONSHIP	YES	NO

5. STATE RESIDENCE (Check one or pertinent combinations)

Birth Parent(s) Physical Presence

6. PROPERTY—Real and Personal owned by parents and/or children

a. Real Property, assessed value (less encumbrances of record) is within \$3,000

b. Cash and/or securities, value is within \$600

c. No voluntary assignment of property

7. ASSISTANCE PLAN—Family Budgetary Basis

a. Total budget for the family unit

b. Total income to family unit

c. Deficiency

d. Assistance payment

e. Unmet need

Sources and Amounts of Income  
Shown in 7B

SOURCE	AMOUNT

8. ASSISTANCE PLAN—Individual Child Basis

NAME OF CHILD	TOTAL NEED	PARENT'S CONTRIBUTION	OTHER INCOME						ASSISTANCE PAYMENT
			SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	



9. Recommendation to the State Department of Social Welfare

- a. This is to certify that the above points of eligibility have been determined for the children named below and that supporting evidence is on file in the institution.

I request that Aid to Needy Children be approved in the amounts shown in Item 8 for

(Names of Children)

- b. I further agree to notify the State Department of Social Welfare of any changes which affect the eligibility of these children.

Signature of Institution Representative

Date

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

Charles I Schalland  
(Signature)

Director  
(Title)

1-30-51  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
January 29, 1951

DEPARTMENT BULLETIN NO. 449 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

Subject: Monthly Statistical Report on  
Aid to Needy Children  
(Form CA 237)

The monthly statistical report form for Aid to Needy Children has been revised effective with the report covering the month of March 1951.

The major change in the revised Form CA 237 is the addition of a section (Part A) for the reporting of "Requests for Assistance." These may be made orally (in person or by telephone) or in writing, but exclude requests for information only. These categories are defined as follows:

- a. Request for assistance: The individual acting in behalf of a child indicates that the child is in need and asks for financial assistance.
- b. Request for information: This is unrelated to a specific request for assistance, and is made without the individual indicating that a specific child is in need. He may only desire to obtain information relative to the assistance programs or points of agency policy. Such requests will usually be made by callers seeking information who are either (1) clearly not presumptive applicants, i.e., the general public, or (2) not willing to identify themselves.

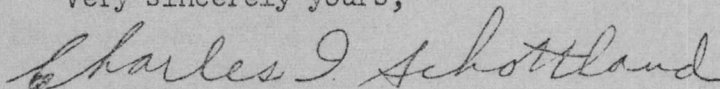
Separate columns are provided for reporting on children in boarding homes and institutions and family Aid to Needy Children cases.

Form CA 237 no longer provides a separate column for reporting on the number of children in family groups. The count of such children will be shown only in Part D under "Recipients." For this reason transfers of active Aid to Needy Children cases from boarding homes or institutions to family groups and vice versa are handled in Item 11b, the adjustment item.

Revised instructions and sample forms are attached to this bulletin. A supply of revised report forms is being mailed under separate cover.

Department Bulletin No. 444 is hereby superseded. Instructions contained in Manual Sections 530-00, 532-00, 538-00, and 542-00 through 563-30 are canceled.

Very sincerely yours,



Charles I. Schottland  
Director

WY 1C 1035, 115, 116

INSTRUCTIONS FOR COMPLETION OF THE MONTHLY  
STATISTICAL REPORT ON AID TO NEEDY CHILDREN - FORM CA 237  
Revised January 1951

General:

Monthly Statistical Reports on Aid to Needy Children (Form CA 237, Revised January 1951) shall be submitted to the Bureau of Research and Statistics, State Department of Social Welfare, Sacramento, by all counties each month. Reports are due not later than the 8th of the month following the month covered by the report. A copy of the report should be retained by the county.

The report is divided into four parts as follows:

- A. Requests for Assistance: Exclude requests for restoration of assistance and requests for inter-county transfers.
- B. Signed Applications: Restorations excluded from this section.
- C. Cases
- D. Recipients and Assistance Payments by Source of Funds.

Application disposals (Items 9, 9a, 9b, 9c, 12a, and 12b), restorations (Item 12c), and discontinuances (Item 14b) shall be reported for the month when such action was taken by the board of supervisors, rather than for the month in which the action becomes effective (if these months differ). Exceptions: Transfers in (Item 12d) and transfers out (Item 14a) shall be reported for the month in which the transfer is effective. Automatic restorations (included in Item 12c) also shall be reported for the month in which the restoration is effective.

Note: Inter-county transfers are to be reported only in Part C.

Scope of Aid to Needy Children Report:

Form CA 237 is divided into two columns in order to segregate data on children in boarding homes and institutions (Column 1) from family groups (Column 2), i.e., those cases for whom Aid to Needy Children will be claimed on the voucher payroll.

Definition of Current Month and Last Month:

In these instructions the calendar month on which the county is reporting statistically will be referred to as the current month. The month immediately prior to the "current" month will be referred to as "last month."

Column Definitions:

Column 1. Boarding Homes and Institutions - Use Column 1 for reporting items relating to children living in boarding homes and institutions, i.e., those children for whom Aid to Needy Children will be claimed on Form CA 801-BHI, Aid to Needy Children Payroll for Children in Boarding Homes and Institutions.

Column 2. Family Groups - Use Column 2 for reporting items relating to children living with a relative or legal guardian, i.e., family groups for whom Aid to Needy Children will be claimed on the voucher payroll. Children living with a relative or legal guardian on a charge-for-care basis are to be included in this column.



Definition of Aid to Needy Children Case:

For children in boarding homes and institutions (Column 1) count each child as a case.

Under family groups (Column 2) a case consists of:

1. A family budget unit, or
2. A child, or group of children, living with a relative or legal guardian on a charge-for-care basis.

Under family groups, brothers and sisters living with different relatives or legal guardians are to be reported as separate cases even though they have the same state number.

Part A. Requests for Assistance:

This section includes all requests for Aid to Needy Children (except requests for restoration and requests for transfer to or from another county) whether made orally or in writing. Include telephone requests if indications are that the request is for Aid to Needy Children even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for Aid to Needy Children. Include all requests made during the month, whether made for the first time, or following requests made in a prior month. Count only one request if two or more are made during the calendar month for the same child or group of children.

If the request is made and the Aid to Needy Children application signed during the first contact with the applicant for the children, or during the same calendar month, it shall be reported in Part A, as a request, as well as in Part B as an application signed.

Item 1. Pending from Preceding Month:

Enter the number of requests for Aid to Needy Children brought forward from last month. If Item 5 of last month's report was in error, the correct figures are to be shown in Item 1 and an explanation of the correction shall be made on the reverse side of the report form.

Make adjustments in this item for pending requests that were reported in one column of the report, but which it was later discovered should have been shown in the other column, either because the living arrangement of the children was changed or because there was a misunderstanding as to the living arrangement of the children.

Item 2. Received During Month:

Enter the number of requests for Aid to Needy Children made during the current month. Exclude requests for restoration, requests for inter-county transfer, and active Aid to Needy Children cases being transferred from boarding homes or institutions to family groups and vice versa.

Item 3. Total During Month - Enter the sum of Items 1 and 2.

Item 4. Disposed of During Month - Enter the sum of Items 4a and 4b.

Item 4a. Applications Signed (Same as Item 7):

Column 1. Enter the number of children living in boarding homes or institutions for whom applications for Aid to Needy Children were signed during the current month.

Column 2. Enter the number of families (see Definition of Aid to Needy Children Case) for whom applications for Aid to Needy Children were signed during the current month. Exclude applications signed to effect the transfer of Aid to Needy Children from another county. Report such cases in Item 12d in the month the first warrant is paid.

Item 4b. Requests Otherwise Disposed Of:

Enter the number of requests that were withdrawn or canceled during the current month. If no action on the request is taken in 30 days from the date of the request, report the request as canceled.

Item 5. Pending at End of Month:

Enter the number of requests for aid awaiting action at the end of the current calendar month.

Part B. Signed Applications:

This section is designed to report the movement of all signed applications, except inter-county transfers, from the signing of the application through the disposition of the application by action of the board of supervisors or by the applicant. Exclude applications signed because an active Aid to Needy Children case is being transferred from another county (see Item 12d for instructions on such cases).

Item 6. Pending from Preceding Month (Item 10 last month):

Enter the number of applications signed in a prior month but which had not been disposed of (either by action of the board of supervisors or by the applicant) by the end of last month.

This entry should agree with Item 10 last month if the entries were correct. If Item 10 is found to have been in error, in either Column 1 or Column 2, the correct figure shall be shown in Item 6 for the current month with an explanation of the correction on the reverse of Form CA 237. Adjust this item when children who were reported in Column 1 last month should have been reported in Column 2 and vice-versa. This will include adjustments for children who were in the home of a relative or legal guardian when the application was signed but who were moved to a boarding home or institution before action was taken on the application.

Item 7. Signed During Month:

Enter the number of applications for Aid to Needy Children signed during the current month. This item must agree with Item 4a.

In Column 2, Family Groups, if an application was signed for a group of children but the children were placed in two or more family budget units by the time aid was approved, show the additional family unit(s), in the report for the month in which Aid to Needy Children is approved, as a request received (Item 2), as an application signed (Items 4a and 7), and as an application granted (Item 9a, and Item 12a or 12b).

Item 8. Total During Month - Enter the sum of Items 6 and 7.



Item 9. Disposed of During Month - Enter the sum of Items 9a, 9b, and 9c.

Item 9a. Granted:

Report the number of applications (both new and reapplications) approved by action of the board of supervisors during the current month regardless of the beginning date of Aid to Needy Children. This entry must equal the sum of Items 12a and 12b.

Item 9b. Denied:

Report the number of applications denied by action of the board of supervisors during the month.

Item 9c. Withdrawn or Canceled:

Report the number of applications withdrawn by the applicant during the current month or canceled because the child or children died or lost contact with the agency.

Item 10. Pending at End of Month:

Enter the number of pending applications, including those signed in the current month, which had not been disposed of by the end of the current calendar month, either by action of the applicant or by action of the board of supervisors. This item is the sum of Items 10a and 10b and must also equal Item 8 minus Item 9.

Item 10a. Pending Less than Three Calendar Months:

Enter the number of applications that have been pending for less than three full calendar months.

Item 10b. Pending Three Calendar Months or More:

Enter the number of applications that have been pending for three full calendar months or more.

Example: An application signed on February 5 (or any date after the first) would be reported in Item 10a in the CA 237 reports for February, March (the first full calendar month), and April (the second full calendar month). In the report for May and subsequent months, the application would be reported in Item 10b (if still pending) since three full calendar months (March, April, and May) would have elapsed since the application was signed.

Part C. Cases:

This section is designed for reporting on Aid to Needy Children cases that have been approved by formal action of the board of supervisors and are either continuing cases or were discontinued by action of the board of supervisors during the current calendar month. Do not add inter-county transfers to this section (Item 12d) until the first payment is made, and do not report inter-county transfers as discontinued (Item 14a) until the month in which the last payment is made. Restorations are to be reported in Item 12c in the month the board of supervisors takes action approving the restoration, except for automatic restorations, which are to be added in Item 12c in the month the restoration is effective, i.e., the month in which the Aid to Needy Children payment is resumed.

Item 11. Continued from Preceding Month:

Enter the sum of Items 11a and 11b if Item 11b is a plus (+) figure, or the difference between Item 11a and 11b if Item 11b is a minus (-) figure.

Item 11a. Item 15 Last Month:

Copy the figures for Item 15 last month, regardless of their accuracy.

#### Item 11b. Adjustments:

Use this item for showing the net adjustment to be made in the continuing case count. If the effect of the adjustment will be an increase in the case count, show "+" before the number. If the effect of the adjustment will be a decrease, show "-" before the number entered for this item. Show adjustments in this item for the following reasons:

1. Error in Item 15 last month because actions taken by the board of supervisors last month were not reported last month on Form CA 237.
2. Transfers of children receiving Aid to Needy Children from a boarding home or institution to a family group and vice-versa.
3. Splitting or combining of family groups as the result of a change in living arrangements (applies to Column 2 only).

#### Minus Adjustments

Make minus (-) adjustments in Item 11 if the following occurred:

1. Errors in reporting
  - a. Last month's report was in error because Aid to Needy Children was discontinued by action of the board of supervisors but the discontinuance was not reported on Form CA 237.
  - b. A physical case count shows a lower figure than was reported last month.
2. Transfers of children between boarding homes or institutions and family groups.
  - a. Column 1. Children living in boarding homes or institutions (Column 1) were moved to a family group (Column 2). Do not make an entry in this item until next month if payment for the child, or children, was made to the boarding home or institution for all or part of the current month.
  - b. Column 2. Make an entry in this item when all of the children receiving Aid to Needy Children in a family budget unit are moved to a boarding home or institution. Do not make an entry in this item until next month if payment for the child, or children, was made to the family group for all or part of the current month.
3. Combining family group cases (Column 2 only)

Make an entry in this item to decrease the family case count when two or more family budget units are combined into one.

#### Plus Adjustments

Make plus (+) adjustments in Item 11 when the following occurred:

1. Errors in reporting:
  - a. Last month's report was in error because new applications, reapplications or restorations were approved last month by the board of supervisors or Aid to Needy Children payments were resumed on automatic restorations but were not reported on Form CA 237 for last month.



- b. A physical case count shows a higher figure than was reported last month.
2. Transfers of children between boarding homes or institutions and family groups.

Column 1. Children receiving Aid to Needy Children in a family group (Column 2) were moved to a boarding home or institution (Column 1) during the month. Make an entry in this item even though the children are also reported in Column 2 because they were receiving Aid to Needy Children in a family group during part of the month.

Column 2. Children receiving Aid to Needy Children in a boarding home or institution (Column 1) were moved to a family group (Column 2) during the month. Make an entry in this item even though the children are also reported in Column 1 because they were living in a boarding home or institution during part of the month. Exception: If children are transferred to a family group already reported in Column 2 do not make an entry in this item.

3. Splitting families (Column 2 only). Make an entry in this item to increase the family count when children in one family budget unit are split into two or more family budget units.

Item 12. Granted During Month - Enter the sum of Items 12a through 12d.

Item 12a. Applications:

Enter the number of new applications approved during the current month by action of the board of supervisors, regardless of the effective date, i.e., the beginning date of Aid to Needy Children.

Item 12b. Reapplications:

Enter the number of reapplications approved during the calendar month by action of the board of supervisors, regardless of the effective date.

Item 12c. Restorations Granted:

Enter the number of restorations approved during the month by action of the board of supervisors, regardless of the effective date. Exception: Report automatic restorations in the month in which payment of Aid to Needy Children is resumed, regardless of the month in which the board of supervisors took official action.

Item 12d. Transfers from Another County:

Enter the number of cases transferred from another county during the month. Count the case in the month in which the first payment is made regardless of the date on which the board of supervisors took official action granting assistance.

Item 13. Total Cases During Month:

Enter the sum of Items 11 and 12. This count will include all continuing cases, all cases added during the current month in Item 12 and all cases reported as discontinued in Item 14. It will include all cases that received Aid to Needy Children for the current month as well as cases that did not receive Aid to Needy Children because the warrants were held, suspended, or not written.

Item 14. Discontinued During Month - Enter the sum of Items 14a and 14b.

Item 14a. Transferred to Another County:

Enter the number of cases discontinued because the cases are being transferred to other counties. Do not report such cases until the month in which the last payment is made, regardless of the date on which the board of supervisors took official action discontinuing the case.

Item 14b. All Other Discontinuances:

Enter the number of discontinuances (except transfers to another county) on which the board of supervisors took official action during the current month, regardless of the effective date of the discontinuance. In Column 2, do not report the family as discontinued if any of the children in the family budget unit will continue to receive Aid to Needy Children.

Item 15. Continued to Next Month - Enter the difference between Item 13 and Item 14.

Note: Because all actions, with the exception of inter-county transfers and automatic restorations, are reported by the date of board of supervisors action, this count will not necessarily agree with the payroll for next month.

Part D. Recipients and Assistance Payments by Source of Funds:

Recipients:

Report in this section of Part D only those children and families for whose care payment from Aid to Needy Children was actually made to the payee for the current month. Do not include families or children in this section if the warrant was held, suspended, cancelled, or not written.

Item 16. Number of Children Receiving Assistance:

Enter in the first column the number of children in boarding homes and institutions for whose care payment from Aid to Needy Children funds was made to the payee for the current month. Enter in the second column the number of eligible children in family groups on whose behalf Aid to Needy Children was paid to the payee for the current month.

Item 17. Number of Family Groups Receiving Assistance:

Enter in Column 2 the number of families to whom Aid to Needy Children payments were made to cover the needs of the current month.

Item 18. Number of Family Budget Units With One or More Adults:

Enter in Column 2 the number of family budget units (included in Item 17) in which the amount of the Aid to Needy Children grant includes provision for the needs of one or more adults. This count will not necessarily agree with the number of needy payee-relatives.

Note: Do not include on Form GR 237 (Monthly Statistical Report on General Relief) cases and children reported on Form CA 237 as receiving County Supplemental Aid.



## Assistance Payments:

Use this section of Part D for reporting the total amount of assistance actually paid to Aid to Needy Children cases to meet the needs for the current month. Include supplementations of the Aid to Needy Children grant, in cash or kind, from county funds except as qualified below. Exclude retroactive payments for prior months and warrants for the current month that were cancelled, held, or suspended. Assistance paid for the care of children in boarding homes or institutions (Column 1) is to be shown separately from assistance paid for the care of children in family groups (Column 2). If assistance is paid in behalf of a child or children under both types of living arrangement for parts of the same calendar months, the amounts of Aid to Needy Children paid to the respective caretakers are to be shown in the applicable columns.

Exclude the following payments:

1. Any medical care, dental care, or hospitalization for Aid to Needy Children cases that is not included in the Aid to Needy Children budget; report such expenditures in Part E of Form GR 237, if the expenditure is paid from General Relief funds.
2. Payment made from General Relief funds to meet the needs of families or children pending approval of Aid to Needy Children. Report such cases, and payments, in Parts B and C of Form GR 237.
3. Payments made from General Relief funds to meet the needs of persons in the household who are not included in the Aid to Needy Children family budget unit. Report such cases, and payments, in Parts B and C of Form GR 237.

### Item 19. Total Assistance:

Enter the sum of Items 19a and 19b. This amount represents the actual amount of assistance paid to meet the needs of the current month.

### Item 19a. Total Amount in Which State and Federal Share:

Enter that portion of the Aid to Needy Children payments on which the amount of reimbursement from state funds is computed. The sum of the federal, state, and county shares must equal the entry in this item.

#### Item 19a-1. Federal Share:

Enter the amount of Aid to Needy Children for the current month which will be paid from federal funds, i.e., the federal share of the amount reported in Item 19a.

#### Item 19a-2. State Share:

Enter the amount of Aid to Needy Children for the current month which will be paid from state funds, i.e., the state share of the amount reported in Item 19a.

#### Item 19a-3. County Share:

Enter the amount of Aid to Needy Children for the current month which will be paid from county funds, i.e., the county share of the amount reported in Item 19a. Do not include county supplemental aid in this item; report in Items 19b-1 and 19b-2.

### Item 19b. Total County Supplemental Aid:

Enter the sum of Items 19b-1 and 19b-2.

Item 19b-1. Cash:

Enter the amount of assistance in cash in excess of the amount on which state participation is based.

Item 19b-2. Kind:

Enter the amount of assistance in kind in excess of the amount on which state participation is based.

Note: Amounts reported as County Supplemental Aid on Form CA 237 should not be included on Form GR 237, Monthly Statistical Report on General Relief.



## MONTHLY STATISTICAL REPORT ON AID TO NEEDY CHILDREN

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_, 19\_\_\_\_

## PART A - REQUESTS FOR ASSISTANCE:

	Boarding Homes & Institutions (Children)	Family Groups (Families)
1. Pending from Preceding Month (Item 5 last month) . . . . .		
2. Received During Month. . . . .		
3. Total During Month (Item 1 + 2). . . . .		
4. Disposed of During Month (Item 4a + 4b). . . . .		
a. Applications Signed (Same as Item 7) . . . . .		
b. Requests Otherwise Disposed of . . . . .		
5. Pending at End of Month (Item 3 - Item 4; Item 1 next month) . . .		

## PART B - SIGNED APPLICATIONS (EXCLUDE INTER-COUNTY TRANSFERS):

6. Pending from Preceding Month (Item 10 last month). . . . .		
7. Signed during Month (Same as Item 4a). . . . .		
8. Total during Month (Item 6 + 7). . . . .		
9. Disposed of during Month (Sum of Items 9a, 9b, and 9c) . . . . .		
a. Granted (Same as Item 12a + 12b) . . . . .		
b. Denied . . . . .		
c. Withdrawn or Canceled. . . . .		
10. Pending at End of Month (Item 8 - 9; Item 10a + 10b; Item 6 next month) . . . . .		
a. Pending less than 3 Calendar Months. . . . .		
b. Pending 3 Calendar Months or More. . . . .		

## PART C - CASES:

11. Continued from Preceding Month (Items 11a + 11b) . . . . .		
a. Item 15 last Month . . . . .		
b. Adjustments. . . . .		
12. Granted during Month (Sum of Items 12a through 12d). . . . .		
a. Applications (Not Previously on ANC) . . . . .		
b. Reapplications (Previously on ANC) . . . . .		
c. Restorations Granted . . . . .		
d. Transfers from another County. . . . .		
13. Total Cases during Month (Item 11 + 12). . . . .		
14. Discontinued during Month (Item 14a + 14b) . . . . .		
a. Transferred to another County. . . . .		
b. All other Discontinuances. . . . .		
15. Continued to next Month (Item 13 - 14; Item 11a next Month). . . .		

## PART D - RECIPIENTS AND ASSISTANCE PAYMENTS BY SOURCE OF FUNDS:

## RECIPIENTS

16. Number of Children receiving Assistance. . . . .		
17. Number of family groups receiving assistance . . . . .	XXX	
18. Number of family Budget Units with one or more adults. . . . .	XXX	

## ASSISTANCE PAYMENTS:

	Boarding Homes & Institutions	Family Groups	Total
19. Total Assistance (Sum of Items 19a and 19b). . .			
a. Total amount in which State and Federal Share			
1. Federal Share. . . . .	XXX		
2. State Share. . . . .			
3. County Share . . . . .			
b. Total Supplemental County Aid. . . . .			
1. Cash . . . . .			
2. Kind . . . . .			

(SIGNATURE OF REPORTING OFFICER)

TITLE

DATE

7-22  
CH-2  
Certified as a      gulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

C. J. Schaefer  
(Signature)

Director  
(Title)

2-26-51  
(Date)



1297-1299

CHARLES I. SCHOTTLAND

Director  
SECRETARY OF STATE

W4 IC 103.5, 103.6, 2020,

EARL WARREN  
Governor

3075

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

February 20, 1951

DEPARTMENT BULLETIN NO. 359-C SUPPLEMENT (OAS, ANB)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Determination of Assistance  
Payment OAS and ANB

Bulletin No. 359-C, page 5, Item 7c is supplemented as follows:

When a practitioner of the healing arts recommends the provision of a hearing aid, the cost of the hearing aid represents a special need when a further examination by an otologist verifies that the recipient will benefit from the use of a hearing aid. An allowance not to exceed \$10 shall be made to cover the cost of the examination by the otologist. An allowance not to exceed \$175 may be made to cover the cost of a hearing aid. An exception to the maximum allowance may be made when an otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid the cost of which exceeds \$175. A maximum monthly allowance of \$5 shall be allowed to cover upkeep costs of hearing aids.

This provision shall become effective immediately in determining special need for a hearing aid; it is not applicable in those cases in which a special need for a hearing aid has already been established.

Very sincerely yours,

*Charles I. Schottland*Charles I. Schottland  
Director

FILED

In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 11:15 o'clock a M.

FRANK M. JORDAN, Secretary of State

By *John J. Jordan*  
Deputy

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

C. J. Shaveland  
(Signature)

Director  
(Title)

2-26-51  
(Date)



MANUAL UNIT

1297-1299

SECRETARY OF STATE  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14

February 26, 1951

MANUAL LETTER NO. 149

The attached revision is to be entered in your copy of the Manual of Policies and Procedures and revision number 519 canceled on the separator of the Financial Procedures Chapter.

This revision was adopted by the Social Welfare Board on February 16, 1951, and is effective April 1, 1951.

Sec. 645-23 has been revised to clarify which services performed by a county district attorney or other county civil legal officer are matchable from federal funds.

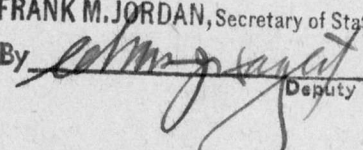
**FILED**

In the Office of the Secretary of State  
of the State of California

**FEB 28 1951**

At 11:15 a o'clock M.

FRANK M. JORDAN, Secretary of State

By  Deputy

**645-25 EXPENDITURES FOR CWS  
CWS****645-25**CWS Workers

In those counties where agreements have been approved for the employment of CWS workers, the total salary received by those workers shall be charged to the CWS Program.

Reimbursement to the county from CWS funds will then be computed on the percentage of the CWS worker's salary specified in the agreement between the state and county.

CW Supervisors

In those counties where agreements have been approved for the employment of a County Child Welfare Supervisor or County Child Welfare Supervisor Grade I or County Child Welfare Supervisor Grade II (if and when these two latter classifications are approved by the U. S. Children's Bureau) and the agreement specifies that such supervisors may work less than full time on CWS, the amount of such supervisors' salaries charged to CWS shall be determined on the basis of time actually spent during the month on activities specified in the agreement between the SDSW and the county.

(Section Continued on Next Page)



**645-22 EXPENSES OF COUNTY BOARD OF SUPERVISORS  
OAS, ANB, ANC****645-22**

Federal participation may not be claimed by the county for expenses of the county board of supervisors since they are not administrative costs of the public assistance agency but rather costs of general county government. (FSS-Admin.)

**645-23 EXPENSES OF THE COUNTY DISTRICT ATTORNEY OR  
OTHER COUNTY CIVIL LEGAL OFFICER  
OAS, ANB, ANC****645-23**

Certain services performed by a county district attorney or other county civil legal officer are matchable from federal funds if such services are "extra and identifiable" and are performed as an aid to the operation of the welfare department. Charges to be matchable shall be confined to the costs of goods, facilities, and services incurred as the direct result of rendering the services. Pro-rata costs including overhead such as office rent or other space costs, library facilities, and general management or supervision are not matchable.

Services performed by the district attorney or other county civil legal officer that fall within the general responsibility of his office are not matchable, such as the preparation of opinions on the legality of SDSW rules and regulations, other opinions rendered as part of the general functions of the office, or defense of the welfare department in litigation. Such services are usually performed for all county agencies and are therefore not "extra and identifiable" services performed solely for the welfare department.

Examples of services which are matchable include actions taken to enforce collection of amounts due from responsible relatives or from recipients or former recipients of public assistance or specific services with regard to the establishment of points of eligibility of recipients. In all instances the services need to be known in sufficient detail so that the costs of those that are matchable may be readily segregated.

Prior to claiming such services, the SDSW shall be consulted with respect to the specific cost plan to be used. Costs reported shall be clearly identified on the Administrative Expense Worksheet, Form DFA 64A, as expenses of a county district attorney or other county civil legal officer. The county shall maintain records to substantiate the costs of all such goods, facilities, or services for which federal matching is claimed. (FSS-Admin.)

T-22  
CH-2  
MAIN OFFICE  
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GILBERT 2-4711  
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MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR  
Sacramento 14  
February 26, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Manual Letter No. 149.

These regulations were adopted by the State Social Welfare  
Board on February 16, 1951, pursuant to the powers conferred upon it by  
the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and  
114b, and are being filed in accordance with Section 11380 of the  
Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 11:55 a M.

FRANK M. JORDAN, Secretary of State

By *Edmund G. Sargent*  
Deputy



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

C. J. Schuchman  
(Signature)

Director  
(Title)

2-26-57  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
February 1, 1951

**FILED**  
In the Office of the Secretary of State  
of the State of California

**FEB 28 1951**

DEPARTMENT BULLETIN NO. 451 (Fiscal)

COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

At 11.15 o'clock a M.  
FRANK M. JORDAN, Secretary of State  
By [Signature] Deputy

Subject: Changes in the Number of Copies  
Required for Certain Claiming  
Forms - All Programs

Effective with claims for the month of January 1951, the following forms shall be submitted with the monthly or quarterly claims in the number of copies specified. Regulations which are hereby superseded with respect to the number of copies required are indicated.

Form No.	Revision Date	Title	Copies Required	Previous Requirements Included In
ABC 803	July 1950	Schedule of Repayments	2	Bulletin 423
ABC 807	July 1950	Administrative Expenditures Affidavit	3	Manual Sec. 646-80
DFA 64	May 1950	Administrative Expenditures Work Sheet	4	Manual Sec. 646-80
DFA 64B	Jan. 1947	Administrative Expenditures Work Sheet	4	Manual Sec. 646-80
BHA 80	July 1949	Affidavit-Monthly Claim for Reimbursement for Inspection and Licensing Services rendered under Section 2302 of the Welfare and Institutions Code - Boarding Homes for Aged	3	Manual Sec. 646-80
BHC 80	July 1949	Affidavit-Monthly Claim for Reimbursement for Inspection and Licensing Services rendered under Section 1622 of the Welfare and Institutions Code. Boarding Homes for Children	3	Manual Sec. 646-80



<u>Form No.</u>	<u>Revision Date</u>	<u>Title</u>	<u>Copies Required</u>	<u>Previous Requirements Included In</u>
AD 807	Sept. 19, 1947	Administrative Expense Addidavit for Adop- tion Program	3	Adoption Manual Sec. 2815-00
CWS-1	May 1950	Monthly Claim for Federal Grant for Child Welfare Ser- vices	3	Manual Sec. 800-60
DFA 140	February 1944	Claim for Transporta- tion of Needy Children	3	Manual Sec. 685-00

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

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CH-

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
February 26, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED  
In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 11:15 o'clock <sup>a</sup> M.  
FRANK M. JORDAN, Secretary of State  
By *John J. Sayet* Deputy

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 359-C Supplement (OAS, ANB) (Dated Feb. 20, 1951)  
DEPARTMENT BULLETIN NO. 451 (Fiscal) (Dated February 1, 1951)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, 103.6, 116, 2020, and 3075 on February 16, 1951, and are being filed in accordance with Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments



Certified as a Relation (or  
Regulations of the

Dept. of Social Welfare  
(Name of State Agency)

C. J. Scharlau  
(Signature)

Director  
(Title)

2-26-57  
(Date)

1297-1299

CHARLES I. SCHOTTLAND  
SECRETARY OF STATEEARL WARREN  
GovernorSTATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE616 K STREET  
SACRAMENTO 14

February 16, 1951

DEPARTMENT BULLETIN NO. 452 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORSSubject: Monthly Statistical Report on  
General Relief, Form GR 237

Effective with the report covering the month of March 1951, it will be necessary to complete only Item 1, "Total Requests for Financial Assistance Received during the Month," Columns 1 and 2, in Part A of the Monthly Statistical Report on General Relief, Form GR 237. Other items in Part A (including Items 1A and 1B) may be omitted.

There is no change in reporting procedure for Sections B, C, D, and E.

Sections 564-25 and 564-28 of the Manual of Policies and Procedures are hereby amended.

Very sincerely yours,

*Charles I. Schottland*Charles I. Schottland  
Director**FILED**In the Office of the Secretary of State  
of the State of California**FEB 28 1951**

At 11:15 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By *John J. Sargent*  
Deputy



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EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
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T-22  
CH-2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR

Sacramento 14

February 26, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

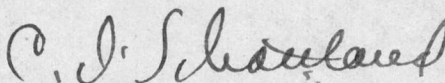
Dear Mr. Jordan:

Attached are three copies of the following regulations  
issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 452 (Stat) (Dated February 16, 1951)

These regulations were approved by the State Social Welfare  
Board pursuant to the powers conferred upon it by the Welfare and  
Institutions Code, Section 115 and 116 on February 16, 1951, and are being  
filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,



Charles I. Schottland  
Director

Attachments

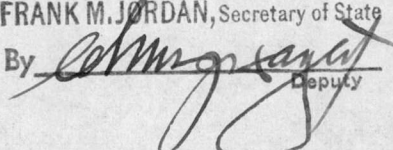
FILED

In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 4:15 o'clock a M.

FRANK M. JORDAN, Secretary of State

By  Deputy

7-22  
CH-2  
MAIN OFFICE  
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GILBERT 2-4711  
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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND

DIRECTOR

Sacramento 14  
February 26, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of the following resolution issued  
by the State Department of Social Welfare.

### STATE SOCIAL WELFARE BOARD RESOLUTION

This resolution was approved by the State Social Welfare Board  
pursuant to the powers conferred upon it by the Welfare and Institutions  
Code, Section 107 on February 15, 1951, and is being filed in accordance with  
Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED  
In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 11:15 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By *John J. Jordan*  
Deputy



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

C. L. Schelland  
(Signature)

Director  
(Title)

2-26-57  
(Date)

WHEREAS appeals to the State Social Welfare Board by applicants and recipients of public assistance have been growing in number, as well as in complication of subject matter; and

WHEREAS the present appeals procedure has been criticised by federal authorities and many other persons connected with state and county administration of public assistance programs; and

WHEREAS the Board feels that a plan similar to that in most of the other states, namely, that of having a single person charged with the responsibility of acting as Referee would be a more desirable practice;

NOW THEREFORE BE IT RESOLVED: First, that the Board directs the Secretary of the Board to proceed as rapidly as possible to employ a person to act as Referee in lieu of referring appeal cases to the Division of Administrative Procedures.

Second, that the Secretary continue to refer to the Division of Administrative Procedures all appeals which cannot be handled by said Referee.

Third, that said Referee should be responsible to the Secretary of the Board.

Fourth, that in accordance with usual procedure of discussing policy matters with representatives of the counties, such changes as may be entailed in regulations relating to appeals shall be discussed with county representatives in the customary fashion.

**FILED**

In the Office of the Secretary of State  
of the State of California

**FEB 28 1951**

At 11:15 o'clock M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy



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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR  
Sacramento 14  
February 26, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Adoption Manual Letter No. 26.

These regulations were adopted by the State Social Welfare  
Board on February 16, 1951, pursuant to the powers conferred upon it by  
the Welfare and Institutions Code under Section 103, and are being  
filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

FEB 28 1951

At 11:15 a M.  
FRANK M. JORDAN, Secretary of State  
By *John G. Gray* Deputy

Certified as a Regulation (or  
Regulations) of the

Dept of Social Welfare  
(Name of State Agency)

C. J. Holland  
(Signature)

Director  
(Title)

2-26-51  
(Date)



MANUAL UNIT

124-126 AD  
SECRETARY OF STATE  
CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14

February 26, 1951

ADOPTION MANUAL LETTER NO. 26

The attached revisions numbered 135 through 141 are to be entered in your copy of the Manual of Adoption Policies and Procedures and the revision numbers canceled on the inside of the Manual cover.

These revisions were adopted by the Social Welfare Board on February 16, 1951, and are effective April 1, 1951.

Sec. 2830-00, Cost of Care Subvention, has been revised to clarify reimbursable costs and deductions from reimbursable costs.

Secs. 2910-00 and 2912-00, as revised, include instructions for additional items on Form Adop M42.

Sec. 2918-00 has been revised to give additional instructions for reporting race of petitioners on Forms Adop M42.

A revised Form Adop M42 is attached for inclusion in Sec. 2999-00.

**FILED**

In the Office of the Secretary of State  
of the State of California

**FEB 28 1951**

At 4:15 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*  
Deputy

2830-00 (Continued)

2830-00

Submission of Claims

Claims shall be filed quarterly on Forms AD 800, AD 801, and AD 803, and shall be submitted to the SDSW by the 10th of the month immediately following each calendar quarter. Claims for reimbursement for care of the child placed during a calendar quarter or for whom relinquishment was canceled or rescinded during a quarter may be included in the claim for that quarter or in the claim for any subsequent quarter, but not later than the claim for the fifth calendar quarter following the quarter in which placement, cancelation, or rescission of the relinquishment occurred.

The County Adoption Agency may on any quarterly claim request reimbursement for amounts actually expended for the care of a relinquished child not yet placed for adoption provided that \$200 (Civil Code 225p) plus any amounts received for the care of the child are deducted from the cost of care for that child.

Each item in the cost of care of the child shall be supported on the claim by a county warrant number or other expenditure document number. The date of the disbursement shall also be shown. Expenditures incurred, but not disbursed, cannot be allowed.



2830-00 COST OF CARE SUBVENTION

2830-00

State subvention is available to licensed county adoption agencies for a portion of the cost of care of children from the date of relinquishment by the natural parent or parents until the date of placement for adoption. Such action is allowable on any claim in an amount not to exceed an average of \$200 per child.

Once reimbursement in any amount has been claimed and allowed for the cost of care of a particular child no further reimbursement will be allowed for any additional cost of care of that child regardless of the additional cost or the length of time the county provides the care.

Reimbursable Costs

Cost of care is defined as the cost of goods, facilities, and services incurred by the county adoption agency to meet the needs of the child, including housing, food, clothing, medical, dental, nursing, or psychiatric services, and other personal needs. It does not include expenditures incurred prior to relinquishment or subsequent to placement.

Deductions from Reimbursable Costs

All amounts received by the county to defray the cost of care of a child shall be deducted from the reimbursable costs of care claimed for that child as shall agreements to pay a fee pursuant to Sec. 225p of the Civil Code. If any child is a recipient of Aid to Needy Children during the period from the date of relinquishment until the date of placement, the amount of the Aid to Needy Children paid for that child during that period (excluding any county supplemental aid) shall also be deducted.

(Section Continued on Next Page)

2910-00 INDIVIDUAL RECORD CARD RELINQUISHMENT AND INDEPENDENT  
ADOPTIONS, FORM ADOP M42

2910-00

Reporting Agencies

Public and private adoption agencies licensed by the SDSW and the adoption staff of the SDSW shall submit reports on Form Adop M42, Individual Record Card Relinquishment and Independent Adoptions.

Coverage

Form Adop M42 shall be completed for each child for whom a final report is made to the court or petition for whose adoption is dismissed by the court prior to the submission of the court report.

Submittal Instructions

One copy of the completed Form Adop M42 shall be sent to the State Department of Social Welfare, Bureau of Research and Statistics, 616 K Street, Sacramento 14, at the time the final report is submitted to the court. If the petition is dismissed by the court prior to the receipt of the court report, Form Adop M42, completed as fully as possible, shall be submitted immediately.

General Instructions for Completion of Form

If more than one child is being adopted by the same petitioner(s) a Form Adop M42 shall be completed for each child.

If the child has been the subject of previous adoption action, which was acted on by the court, a new Form Adop M42 is to be prepared.

All items require entries. If no significant entry can be made, enter "none", or "unk" (for unknown), or "not applicable" as the case may be. If in an independent adoption the petition is dismissed by the court prior to submission of the final report, the investigation may not have revealed the information requested in every item on the form. Complete the items for which the information is available and mark the others "unknown."

In order to distinguish clearly between independent and relinquishment adoptions, check one of the two boxes in the upper right-hand corner of the Form Adop M42. (Cases involving placement by an out-of-state agency and subsequent investigation and report to court by the SDSW or its delegated agencies are considered independent.)

Where the following instructions read "circle the applicable item", it is not necessary to circle the whole item but only the number identifying it.

It is important that the agency be clearly identified in the line under the agent's name on the form. If the agency maintains branch offices, enter the location of the branch office in which Form Adop M42 is completed after the name of the agency.



2908-00 (Continued)

2908-00

Item 4B-2. Returned to Inactive File. Enter in Columns 1, 4, and 6, Total, Reopened, and Petition to Withdraw Consent respectively, the number of cases in which information was submitted to the court without change in recommendation of the agency, or in which no further action is indicated and the case is to be considered closed.

Item 4B-3. Transferred to Another Agency. Enter the number of cases transferred to another adoption agency; include cases transferred to the jurisdiction of the SDSW.

Item 4B-4. Transferred as Step-parent Case. Enter the number of cases transferred to probation officers, because the petitioner is a step-parent of the child.

Item 5. Pending at End of Month. Enter the number of petitions awaiting recommendation of the agency at the close of the calendar month. The entry should equal Item 3 minus Item 4.

2909-00 MONTHLY STATISTICAL REPORT ON ADOPTION SERVICES TO  
OTHER AGENCIES, FORM ADOP. M56E

2909-00

This report (Form Adop. M56E) is intended to record the volume of requests for services relative to adoption cases referred to the agency. It is divided into 3 columns (1) Out of State Requests, (2) Request of the SDSW, and (3) Request of Another California Agency.

Item 1. Pending at Beginning of Month. Enter the number of requests for service that were brought forward from the previous month. The entries in each column should agree with those in Item 5 of last month's report. If Item 5 was in error, make the correction in Item 1 and give the reason for the correction on the back of the form.

Item 2. Received During Month. Enter the number of requests for service that were received during the month.

Item 3. Total Requests for Month. Enter the sum of Item 1 and Item 2.

Item 4. Requests Completed. Enter the number of requests for service that were disposed of during the month.

Item 5. Pending at End of Month. Enter the number of requests for service that were not completed by the end of the month.

2914-00 SECTION II. DATA ON CHILD - FORM ADOP M42

2914-00

Item A. Sex. This item is self-explanatory.

Item B. Race.

1. White - Generally members of the caucasian race are classified as white. Possible deviations are enumerated under 5.
2. Negro - A person with Negro blood (of any percentage) is classified as a Negro. Both black and mulatto persons are recorded as Negroes.
3. Mexican - Circle if child is generally accepted as Mexican.
4. Indian - A white person of mixed white and Indian blood is recorded as Indian, except where the percentage of Indian blood is very small, or where he is regarded as a white person in the community where he lives.
5. Other - When child is neither White, Negro, Mexican, nor Indian, circle 5 and specify the race to which he belongs. "Other races" includes the following: Chinese, Japanese, Filipino, Hindu, Korean, Hawaiian, Malayan, Siamese, Samoan, all other. The following statement applies to mixed races:

Mixed races - Mixtures of white with non-white races are reported according to the non-white parent. Mixtures of non-white races are reported according to the race of the father, except as stated under 2, above. If race is unknown for the father, enter the race of the mother.

Item C. Date of Birth. Enter month, day, and year. Check to see that this date is not inconsistent with the other dates reported, for example, date of placement.

Item D. Place of Birth. If the child was born in the United States, give state or territory in which born. If he was born in the United States but state of birth is unknown, enter "U.S. - Unk." If child was not born in the United States, give country of birth. When there is uncertainty as to how to identify foreign country of birth, enter name of country and also province or state in which the child was born. Enter the name by which the country or province was known on the birth date of child. If foreign country of birth is unknown, enter "Foreign - Unk."

Item E. Birth Status of Child. Circle the applicable item. Note that the information given here is related to Item A of Section III. If the child's mother was unmarried when the child was born, but later married the child's natural father, prior to completion of independent adoption or prior to filing the relinquishment with the SDSW in an agency adoption, the child must be reported as born in wedlock.

Item F. Child Legitimated - Sec. 230? If the provisions of Sec. 230 of the Civil Code have been met, check "yes" in the box provided. All other situations require an answer of "no."

(Section Continued on Next Page)



## 2912-00 SECTION I, IDENTIFICATION AND ACTION - FORM ADOP M42

2912-00

Item A. Child's Name. Enter the full name of the subject child as it appears on the adoption petition. If more than one child is being adopted by the petitioner(s), an individual record card shall be completed for each child.

Item B. Petitioner(s). Enter the name of the petitioner(s) who have filed the petition for adoption.

Item C. Placement on. Enter the month, day, and year of placement and circle the relevant item to specify by whom the placement was made. If none of the first five items applies, circle Number 6 and specify the person or agency making the placement.

Item D. Was Child Previously Placed? If the child has been the subject of an adoptive placement before, check "Yes." Otherwise, check "No."

Item E. State Case Number. Enter the complete state case number; e.g., LA 5000 Ad.

Item F. Date Relinquished. (Applies only to relinquishment cases.) Enter the month, day, and year on which relinquishment by the person(s) having custody of the child became officially effective. If the child is legitimate and there are two relinquishments, the last date is to be entered.

Item G. Date Petition Filed. Enter the month, day, and year on which the petition was filed in the court.

Item H. Date Report Filed. Enter the month, day, and year on which the report on this case was submitted to the court. (Note that this date may differ from the date on which the report is submitted to the SDSW.) If an independent case is dismissed by the court prior to the submission of the report and recommendation, check the box under Item H, enter the date of dismissal immediately after the box, and give the reason for dismissal in Item J.

Item I. Recommendation. Circle one of the applicable items. Attention is called to Number 2 which is a qualification of Number 1. In an independent adoption if Number I-2, Conditional Approval, is circled, an entry must be made under Item K of this section. If Number I-3, Denied, is circled, Item J of this section is to be completed.

Item J. Reason Dismissal or Denial Recommended. (Applies only to independent adoptions.) Circle the applicable item if Number 3 under Item I has been circled or if the case was dismissed. If none of the reasons listed applies, write in the reason opposite Number 6. Some examples are:

1. Child refused consent.
2. Parents' consent withdrawn.
3. Petitioner(s) do not wish to proceed.

Item K. Reason for Conditional Approval. (Applies only to independent adoptions.) Those cases in which Number 2 of Item I is circled are to be explained in this item. Probable entries are the following:

1. 701 pending - both parents
2. 701 pending - father
3. 701 pending - mother
4. Legitimacy action pending
5. Citation of father under Section 224, C.C.
6. Certificate from superintendent of State Hospital

2918-00 (Continued)

2918-00

Item H. Annual Income. Circle the income item that most nearly represents the gross income of the petitioner(s). Write in "unknown" if the information is not available.

Item I. Did Petitioners Pay:

1. Any expenses of Mother or Child. (Refers only to independent adoptions.) This question is to be answered "yes" if the petitioner(s) paid any expenses of the mother or child incurred before the child was placed with the petitioner(s). If not, enter "no."
2. An Adoption Agency Fee. (Refers only to relinquishment adoptions.) This item is to be answered "yes" if the agency made a specific charge for its services in providing the petitioner(s) with a child for adoption. In all other cases, including general contributions of the petitioner(s) toward support of the agency, it is to be answered "no."

Item J. Number of Other Children in Petitioner(s) Family (In Home). This question is intended to report minor children who are a part of the petitioner(s) immediate family and living in petitioner(s) home.

1. Previously Adopted Children. This is to record the number of minor children previously adopted by the petitioner(s) who are living in the home. Natural children of either petitioner adopted by the other spouse, should be reported below under Item J-2, Natural Children of Petitioner(s). Do not include children currently being adopted. If no children have been adopted previously, enter "none."
2. Natural Children of Petitioner(s). This is to record the number of natural minor children of either or both petitioner(s) in the home. If none, enter "none."
3. Other Children. This is to record minor children that are living in the home as part of the petitioner(s) family but are not classifiable under 1 and 2 of this item; for example, other children being adopted, or foster children.



## 2918-00 SECTION IV, DATA ON PETITIONERS - FORM ADOP M42

2918-00

Enter information as of the date the child was placed.

If there is only one petitioner, enter "not applicable" in the spaces provided for the second one.

Item A. Marital Status.

1. Unmarried. Circle Number 1 if a single petitioner is unmarried.
2. Widowed. Circle Number 2 if a single petitioner is widowed.
3. Divorced. Circle Number 3 if a final decree of divorce has been granted by a court of competent jurisdiction to a single petitioner.
4. Married. Circle Number 4 if the petitioner(s) are legally married. This does not include common-law marriages unless the common-law marriage occurred in a state or country in which such marriages are recognized as legal.
5. Separated. Circle Number 5 if the single petitioner is living separate and apart from the spouse. "Separated" in this context means living apart because the couple does not wish to live together, and not a temporary adjustment to such conditions as employment, illness, or housing. Include cases where an interlocutory divorce decree is in effect.
6. Marriage annulled. Circle Number 6 if the marriage of the single petitioner has been annulled by a court of competent jurisdiction.
7. Other. Circle Number 7 if none of the first six items applies. Specify in the space provided.

Item B. Race. If both petitioners are of the same race, follow instructions for Item B, Section II. If petitioners are not of the same race, circle Item 5, Other, and specify for both man and woman petitioner.

Item C. Religion. See instructions for Item C, Section III.

Item D. Age. Enter the ages (in completed years) of the petitioners.

Item E. Education. See instructions for Item E, Section III.

Item F. Occupation. See instructions for Item F, Section III.

Item G. Relationship to Child. Enter in the blanks provided for the woman petitioner and the man petitioner the relationship to the child. If there is no relationship, enter "none." If the relationship of the petitioner to the child is by virtue of marriage or adoption, add the words "by marriage" or "by adoption," as the case may be. Do not leave this item blank.

(Section Continued on Next Page)

(Section Continued on Next Page)

State of California		INDIVIDUAL RECORD CARD RELINQUISHMENT AND INDEPENDENT ADOPTIONS		Department of Social Welfare	
		SECTION I. IDENTIFICATION AND ACTION		Independent <input type="checkbox"/>	
				Placed by California Adoption Agency <input type="checkbox"/>	
A. Child's Name _____		E. State Case Number _____		J. Reason Dismissed or Denial Recommended (circle one)	
B. Petitioner(s) _____		F. Date Relinquished _____		1. Parent did not respond 4. Home not suitable	
C. Placement on: _____ by (circle one)		G. Date Petition Filed _____		2. Parent refused consent 5. Legal status of child not cleared	
Date _____		H. Date Report Filed _____		3. Child not proper subject 6. Other (specify) _____	
1. Parent 3. Physician		Check here if case dismissed <input type="checkbox"/>		K. Reason for conditional approval (specify) _____	
2. Relative of parent 4. Attorney		I. Recommendation (circle one)			
5. Licensed adoption agency		1. Approved 3. Denial			
6. Other (specify) _____ Check		2. Cond. App.			
D. Was Child Previously Placed. <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION II. DATA ON CHILD		SECTION III. DATA ON NATURAL PARENTS		SECTION IV. DATA ON PETITIONERS*	
A. Sex (circle one)		A. Mother's marital status at Birth of Child (circle one)		A. Marital status (circle one)	
1. Male		1. unmarried 4. married		1. unmarried 4. married	
2. Female		2. widowed 5. separated		2. widowed 5. separated	
B. Race (circle one)		3. divorced 6. marriage annulled		3. divorced 6. marriage annulled	
1. White 3. Mexican		7. Other (specify) _____		7. Other (specify) _____	
2. Negro 4. Indian		B. Number of months mother had been in California at birth of child _____		B. Race (circle one)	
5. Other (specify) _____		C. Religion 1. Mother _____		1. White 3. Mexican	
C. Date of Birth _____		(specify) 2. Father _____		2. Negro 4. Indian	
Month _____ Year _____		D. Age of Parents at Birth of Child (completed years)		5. Other (specify) _____	
D. Place of Birth _____		1. Mother _____		C. Religion: 1. woman petitioner _____	
State, Country if foreign		2. Father _____		(specify) 2. man petitioner _____	
E. Birth Status of Child (circle one)		E. Education: 1. Mother _____		D. Age (completed years)	
1. In wedlock		(enter code) 2. Father _____		1. woman petitioner _____	
2. In wedlock husband not father		F. Occupation: 1. Mother _____		2. man petitioner _____	
3. Out of wedlock		(enter code) 2. Father _____		E. Education: 1. woman petitioner _____	
4. Foundling		G. Were parents and petitioners acquainted at time of (indep. adop. only)		(enter code) 2. man petitioner _____	
5. Unknown		Check		F. Occupation 1. woman petitioner _____	
F. Child Legitimated Sec. 230? <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No		(enter code) 2. man petitioner _____	
G. Adoption Consent or Relinquishment by (circle applicable items)		2. Report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		G. Relationship to Child (specify)	
1. Both parents				1. woman petitioner _____	
2. Mother only				2. man petitioner _____	
3. Father only				H. Annual Income (circle one)	
4. State or county agency (indep. adop. only)				1. under \$1,000 4. \$3,000-\$3,999	
5. Eliminated (specify) _____				2. \$1,000-\$1,999 5. \$4,000-\$4,999	
Check				3. \$2,000-\$2,999 6. \$5,000 and over	
H. Was Child Previously Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No				I. Did Petitioners Pay:	
				1. Any expenses of mother or child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				2. An adoption agency fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				J. Number of other Children in Petitioner(s) Family (in home)	
				1. Previously adopted children _____	
				2. Natural children of petitioner(s) _____	
				3. Other children _____	
				*AS OF DATE CHILD WAS PLACED	

CODE OCCUPATION CODE (ITEMS KKKF AND IVP)		CODE EDUCATION CODE (ITEMS IIIE AND IVE)	
1. Agricultural Worker	9. Waitress or Waiter	1. College Graduate	4. Some High School
2. Domestic	10. Farm Operator	2. Some College	5. 8th Grade Graduate
3. Clerical	11. Housewife	3. High School Graduate	6. Less than 8 Grades
4. Sales	12. Managerial	7. Other (specify) _____	
5. Professional	13. In Armed Forces		
6. Industrial	14. Student		
7. Skilled Worker	15. Unemployed		
8. Unskilled Worker	16. Other (specify)		

AGENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
NAME OF AGENCY \_\_\_\_\_  
FORM ADOP M42, REVISED DECEMBER 1950



2999-00 (Continued)

2999-00

State of California

Department of Social Welfare

MONTHLY STATISTICAL REPORT ON  
ADOPTION SERVICES TO OTHER AGENCIES

AGENCY: \_\_\_\_\_

COUNTY \_\_\_\_\_ REPORT FOR MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

	OUT OF STATE REQUESTS	REQUEST OF SDSW	REQUEST OF ANOTHER CALIFORNIA AGENCY
1. PENDING AT BEGINNING OF MONTH.....			
2. RECEIVED DURING MONTH.....			
3. TOTAL REQUESTS FOR MONTH (ITEMS 1 + 2)...			
4. REQUESTS COMPLETED.....			
5. PENDING AT END OF MONTH (ITEMS 3 - 4)...			

REPORT SUBMITTED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Form Adop M 56E, January 1951

(Section Continued on Next Page)

AREA OFFICES

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SACRAMENTO OFFICE  
GILBERT 2.4711  
924 9TH STREET  
14

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

T-22  
CH-2

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

March 28, 1951

STATE HEADQUARTERS

SACRAMENTO  
GILBERT 2.4711  
616 K STREET  
14

ADDRESS REPLY TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED

In the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland* Deputy

Dear Mr. Jordan:

Attached are three copies of the following regulations issued  
by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 454 (Fiscal) (Dated March 20, 1951)  
DEPARTMENT BULLETIN NO. 455 (Fiscal) (Dated March 20, 1951)  
DEPARTMENT BULLETIN NO. 456 (Fiscal) (Dated March 22, 1951)  
DEPARTMENT BULLETIN NO. 457 (OAS, ANB) (Dated March 27, 1951)

These regulations were approved by the State Social Welfare  
Board pursuant to the powers conferred upon it by the Welfare and  
Institutions Code, Sections 103, 103.5, 115, 116, 1555, 1556, 1556.5,  
1559, 2020, 2140, 2188, 2189, 3075, 3087.2, 3087.3, 3481, and 3482 on  
March 16, 1951, and are being filed in accordance with Section 11380 of  
the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments



Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schattem  
(Signature)

Director  
(Title)

3-28-57  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
March 20, 1951

DEPARTMENT BULLETIN NO. 454 (FISCAL)

TO: COUNTY BOARD OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Submission of Assistance Claim  
Payrolls, Contra Rolls and  
Schedule - OAS, ANB, ANC,  
ANC-BHI, APSB AND CIS Aged And  
Blind Claims

Beginning with the claim for the month of April 1951, Assistance Payrolls and Contra Rolls (Forms AB 801, CA 801, CA 801-BHI and AB 801H), Schedule of Repayments (for prior Federal Formula periods) (Form ABC 803), Schedules of Adjustments for Prior Months (Forms AB 816 and CA 816) and Individual Reports of Repayment (Form ABC 808) shall be submitted in one copy only.

The various affidavits (Forms Ag, B1 or CA 800 and AB 800H), Claim Summary Sheets (Forms AB and CA 802) and Reconciliation Statements (Forms ABC 820) shall be submitted in triplicate as heretofore.

The payroll and contra rolls submitted shall:

1. Be the original or the legible first copy.
2. Carry separate totals for each payroll page for warrant amounts, federal excess (OAS-ANB), State and Federal Bases (ANC) and persons count in accordance with the provisions for these totals at the foot of Forms AB CA 801 and CA 801-BHI as revised October 1950. Counties using their own payroll forms shall show thereon all the data required by the State forms.
3. Show for each case, opposite the amount of aid paid, the participation status symbols, N, X, or S, as required by Department Bulletin Number 423, Section B, paragraph 1, and Department Bulletin Number 423 C, fifth paragraph.
4. For each supplemental warrant covering increases in the grant for current or prior months indicate by "inc" after each item. On contra rolls for warrant cancellations also indicate "inc" after each warrant cancelled which does not cover the full amount paid for the month involved.
5. For OAS, ANB and APSB enter the persons count in the remarks column (Col. 5) on the contra roll for repayments after each repayment which covers the full amount originally paid for the month or months involved.

This bulletin modifies Department Bulletins Nos. 423, 423B, and 451 with respect to the number of copies required for the following forms:



Bulletin 423

AB 801  
ABC 803  
AB 816

Bulletin 423B

CA 801  
CA 801 BHI  
ABC 803  
CA 816

Bulletin 451

ABC 803

Section 627-25 of the Manual of Policies and Procedures is hereby modified with respect to the number of copies required of Form AB 801 H.

Circular Letter No. 451 should be corrected to show these revisions in the required number of copies of forms.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

AREA OFFICES

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

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948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

March 28, 1951

STATE HEADQUARTERS

SACRAMENTO  
GILBERT 2.4711  
616 K STREET  
14

ADDRESS REPLY TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED  
In the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 P. o'clock M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Aid to Needy Children Manual Letter No. 10.

These regulations contained in this material were approved by the State Social Welfare Board on March 16, 1951, pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 103, 103.5, and 1560, and are filed in accordance with provisions of Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments



Certified as a Relation (or  
Regulations of the

Dept. of Social Welfare  
(Name of State Agency)

Charles I. Shattland  
(Signature)

Director  
(Title)

3-28-57

(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
March 23, 1951

AID TO NEEDY CHILDREN MANUAL LETTER NO. 10

The attached revisions numbered 51 through 63 are to be entered in your copy of the Manual of Policies and Procedures - Aid to Needy Children and the revision numbers canceled on the inside of the Manual cover.

These revisions were adopted by the Social Welfare Board on March 16, 1951, and are effective April 1, 1951. However, in those cases in which there are existing commitments between the county and the Aid to Needy Children family which are in conflict with these provisions, a three-month period in which to make an adjustment is permitted.

Sec. 503-B, as revised, requires that need be determined on the basis of the Cost Schedule for the county in which the family is living.

Sec. 503-D has been revised to provide that budgets shall not be recomputed if only a change in age groups of the children is involved. Unchanged is the requirement that allowances (including those affected by age changes) shall be recomputed under the following circumstance:

1. Assistance is restored.
2. There is a change in the family's needs or income.
3. The annual redetermination of eligibility is made.
4. A new Cost Schedule is issued.

Most important, however, are the revisions of Sec. 503-E and F. These revisions more clearly define the needs not common to all family budget units and the circumstances under which such needs are to be allowed. It also places ceilings on the amounts to be allowed to meet these needs.

Department Bulletin No. 430-C is now obsolete.



C-503 (Continued)

C-503

## E. NEEDS COMMON TO ALL FAMILY BUDGET UNITS

The goods and services essential to a minimum adequate standard of living for all family budget units, whether the children are living with their own families or with needy relatives, and the rules for computing the family budget are as follows:

## 1. Food

The amount for food given in the Cost Schedule shall be included for each individual in the family budget unit (see Item F-1 for Special Diets and F-2 for Restaurant Meals).

Family budget units of only one or two persons shall be allowed an additional 10% for food, if food is prepared for a household of only one or two persons.

## 2. Clothing

The amount for clothing given in the Cost Schedule shall be included to cover current replacements in clothing for each individual in the family budget unit.

Clothing for a child's first year shall be included as needed in either:

- a. A lump sum before or after the child is born, or
- b. Prorated over a period before or after the birth, or both.

## 3. Personal Needs

The amount for personal needs given in the Cost Schedule shall be included for each individual in the family budget unit. This item covers haircuts, toothbrush, toothpaste, hair brush and comb, toilet soap, cosmetics, non-perspirant, shaving supplies, sanitary supplies, shoe laces, and shoe polish. For infants, it covers mineral oil, vaseline, boric acid, sterile cotton, nursing bottles, nipples, and toothpicks.

## 4. Recreation

The amount for recreation given in the Cost Schedule shall be included for each individual in the family budget unit.

(Section Continued on Next Page)

C-503 (Continued)

C-503

The Cost Schedule, Form Gen M45, will be issued to counties whenever the pricings indicate a difference of \$2.00 or more over or under the last Cost Schedule. This difference of \$2.00 or more will be determined by the SDSW on a formula basis. The most recently issued Cost Schedule shall be used by the county in computing budgets. If the family is living in another county, the Cost Schedule for the county in which the family is living shall be used.

Allowances for essential goods and services such as food, clothing, household operations, etc., are shown on a monthly basis. The allowances for food, clothing, personal needs, and recreation are based on age and sex groupings. If amounts in excess of the allowances shown on the Cost Schedule are included for items such as utilities, they shall be converted to average monthly amounts in computing the budget. Any items paid by the family on other than a monthly basis, such as weekly rent, shall be converted to monthly amounts on the basis of  $4 \frac{1}{3}$  weeks per month.

#### C. EFFECTIVE DATE OF NEW PRICINGS

Revisions to the Cost Schedule due to new pricings shall be made effective not later than the first of the third month following the date released by the SDSW unless other instructions are issued by the SDSW or the SSWB.

For example, if a revised Cost Schedule is released to a county on March 21, the family budgets shall be revised not later than June 1.

#### D. COMPUTING THE BUDGET

In computing the family budget, the age of the child shall be the age at the last birthday as of the date assistance is granted, increased, or decreased. Budgets shall not be recomputed if only changes in age groups are involved.

The allowances for essential items shall be recomputed if any of the following occur:

1. Assistance is restored.
2. There is a change in the family's needs or income.
3. The annual redetermination of eligibility is made.
4. A new Cost Schedule is issued.

The Budget Work Sheet, Form CA 241, or a substitute form approved by the SDSW shall be used in computing the budget for the family budget unit.

(Section Continued on Next Page)



C-503 (Continued)

C-503

If a utility used by the family is not listed on the Cost Schedule, the county shall determine and include the average monthly amount necessary on an annual basis. The basis of the county's determination shall be recorded in the narrative.

7. Household Operation

The amount for household operation given in the Cost Schedule shall be included in accordance with the number in the family budget unit. This item covers cleaning and laundry supplies, such as broom, mop, washboard, soap and bleach; mending supplies, such as darning cotton, needles and thread; medicine chest supplies, such as band aids, hot water bottles, aspirin, iodine and ointments; and minor replacements in minimum amounts for such articles as light globes, lamp chimneys, dishes, household linens, and bedding.

8. Education and Incidentals

The amount for education and incidentals given in the Cost Schedule shall be included in accordance with the number in the family budget unit. This item covers postage, stationery, magazines, and a newspaper.

F. NEEDS NOT COMMON TO ALL FAMILY BUDGET UNITS

The goods and services essential to a minimum adequate standard of living but not common to all family budget units and the rules for including these needs in the family budget are listed below. Only the needs listed may be allowed. Other needs that arise must be met by other resources in the community or by relatives or friends.

1. Special Diets

The amount for a special diet given with the Cost Schedule for an individual in the family budget unit shall be included if a special diet is recommended by a physician or public health clinic. The recommendation for the special diet including the length of time the diet will be required shall be included in the narrative or filed in the case record.

2. Restaurant Meals

The amount necessary for restaurant meals in lieu of the food allowance in the Cost Schedule for a temporary period not to exceed three months shall be included up to a maximum of \$1.50 per day per person, if either of the following circumstances exists:

- a. Emergency housing occupied by the family does not have cooking facilities, until housing is found that does provide such facilities.
- b. A member of the family budget unit must be temporarily out of the home to receive medical treatment and no other arrangement for his eating is possible.

The basis for the determination of the need for restaurant meals, and of the amount and period of time allowance is to be made, shall be recorded in the narrative.

In cases in which there is employment, see Sec. C-364.

(Section Continued on Next Page)

C-503 (Continued)

C-503

## 5. Housing

## a. Rent

The amount of rent paid shall be included for each family budget unit up to the ceiling given in the Cost Schedule. (The ceiling is set for each county at an amount covering actual rents for approximately 90 per cent of the cases.)

The amount of actual rent paid by the family budget unit and a statement as to what such rental includes shall be recorded in the narrative.

## b. Allowances for Home Owned, Encumbered, or Being Purchased

Monthly amounts shall be included for the home owned, encumbered, or being purchased and occupied by the family, as follows:

- (1) Monthly prorata of taxes paid.
- (2) Monthly prorata of assessments paid, not included in the taxes.
- (3) Monthly prorata of fire insurance paid.
- (4) Allowance for upkeep and minor repairs, as follows:

Assessed Valuation	Minimum Allowance per Month
Under \$1,000	\$2.00
\$1,000 - \$1,999	2.50
\$2,000 - \$3,000	3.00

- (5) Monthly prorata of amount to cover interest and principal payments on encumbrances.

The total amount for taxes, insurance, upkeep and repairs, interest and principal shall be determined and shall be included for each family budget unit up to the rent ceiling given in the Cost Schedule.

## 6. Utilities

The amounts given in the Cost Schedule for those utilities used by the family and not included in the rent (e.g., gas for cooking, electricity for lighting, wood for heating) shall be included in accordance with the number in the family budget unit.

The average monthly amount of the cost of ice if needed, shall be included up to the maximum allowance indicated on the Cost Schedule.

(Section Continued on Next Page)



C-503 (Continued)

C-503

- c. Illness or the presence of aged persons or young children in the family requires an unusual amount of a particular utility.
- d. Utility rates in the part of the county where the family lives are higher than in other parts of the county.

If the cost of a utility exceeds the allowance in the Cost Schedule, the determination as to whether or not any of the above circumstances exist shall be recorded in the narrative.

#### 6. Additional Expenses for Household Operation

If the family budget unit does not have the necessary items for household operation and maintenance (see Form Gen M42 for articles included in household operation item) or household operation items are lost by fire, flood, or other disaster, or a new member is added to the family, and if these items are not obtainable through other sources in the community or from relatives or friends, the cost of necessary household operation items shall be included in the budget, either in a lump sum or prorated over a period.

The determination of the items needed shall be recorded in the narrative.

#### 7. Telephone

The estimated minimum monthly average cost of telephone service shall be included up to a maximum of \$4 if any one of the following circumstances exists:

- a. A member of the family budget unit is in ill health which necessitates either emergency or frequent calls to the doctor.
- b. The family with preschool children which lives in an isolated area and lives an unreasonable distance from the nearest available telephone.
- c. A telephone is necessary to the carrying on of an occupation in or from the home.
- d. A member is subject to call for employment.

In determining the minimum cost, the county shall determine the least costly method of providing telephone service; i.e., through the use of available public telephones, neighbors' telephones, or through the continuation of telephone service in the home.

(Section Continued on Next Page)

C-503 (Continued)

C-503

## 3. Additional Expenses for Clothing

The amount necessary for clothing, either in a lump sum or prorated over a period, shall be included up to the amount for an individual shown on Form Gen M40, if a member of the family budget unit does not have a basic outfit, or clothing is lost by fire, flood, or other disaster, and if such clothing is not obtainable through other sources in the community or from relatives or friends. The determination of the amount of clothing needed shall be recorded in the narrative.

## 4. Additional Housing Expense

The amount of rent paid or the expenses for the home being purchased in excess of the ceiling for members of the family budget unit shall be included up to a maximum of \$25 if any of the following circumstances exist:

- a. A suitable home is not available to rent for less than the amount the family is paying.
- b. A special health or social problem in the family necessitates housing which is not obtainable within the ceiling or which prevents the family from moving to other quarters.
- c. The cost of one or more utilities is included in the rent. The excess shall be included up to the amount allowed for these utilities in the Cost Schedule, but unless a or b applies the amount shall not exceed the rental ceiling plus the amount given for the utilities in the Cost Schedule.

If the rent paid or expenses for the home being purchased exceeds the ceiling, the determination as to whether or not any of the above circumstances exist shall be recorded in the narrative.

## 5. Additional Expenses for Utilities

The average monthly amount of the cost of a utility in excess of the allowance given in the Cost Schedule, taken over a period of a year, shall be included up to a maximum of \$10 for all utilities if any of the following circumstances exist:

- a. The family uses a utility for more than one purpose, e.g., electricity for lighting (which covers use of small household appliances, such as an electric iron) and for the operation of household equipment, such as a refrigerator, washing machine, stove, etc., which causes the expense for the given utility to be higher than the amount given in the Cost Schedule.
- b. The family has inefficient equipment or a house which requires an unusual amount of heat.

(Section Continued on Next Page)



C-503 (Continued)

C-503

## 10. Medical and Dental Care

Medical or dental care, treatment, drugs, medicines, or appliances found to be necessary by an examination by a physician, dentist, or other licensed practitioner shall be included unless the county determines that the care needed is available without cost. The county shall record in the narrative the determination as to whether or not medical or dental care is needed by the family and the basis for the determination of the amount included or the arrangements made for free care.

Prepaid medical and hospital care purchased by the family budget unit may be allowed up to a maximum of \$10 per month.

## 11. Major Replacements, Repairs, and Purchase of Household Equipment

The cost of replacement, repair, or purchase of essential equipment for the functioning of the household, not to exceed the minimum price for which the required item of equipment can be purchased through a mail order house or store catering to lower income groups, shall be included, if not obtainable through other sources in the community or from relatives or friends and one of the following circumstances exists:

- a. The family lacks and needs essential equipment.
- b. An item of essential equipment is worn out and there is need to replace or repair it.
- c. Essential equipment is lost or damaged due to such causes as fire or other disasters and there is need to replace or repair it.
- d. Illness of a member of the family budget unit necessitates additional equipment.

Essential equipment for functioning of a household includes basic cooking and heating facilities, sleeping equipment, storage space for clothing, and other basic necessities in living. Essential equipment also includes laundry equipment if laundry is done at home; refrigeration and air cooling equipment if found necessary because of climatic conditions.

Families shall be advised to discuss their needs and plans for repairing, replacing, or purchasing household equipment before final arrangements are made. The county shall determine the need for an item of essential equipment in relation to the specific family's situation, whether the equipment should be repaired, replaced, or purchased, and the minimum type of equipment adequate to meet the need. Also, the county shall determine whether the total amount should be included for one month or prorated over several months, dependent upon plans the family is able to make with the merchant, the cost of the equipment, and the participating base. The determination shall be recorded in the narrative.

(Section Continued on Next Page)

C-503 (Continued)

C-503

## 8. Transportation

An allowance for transportation shall be included if any of the following circumstances exist:

- a. Transportation is needed to secure necessary medical and dental care or to visit a member of the family receiving such care.
- b. The family does not live within reasonable walking distance for essential and economical shopping.
- c. A member of the family budget unit needs transportation to seek or accept employment and the job possibilities are not within reasonable walking distance. (For continuing transportation for employment, see Sec. C-364.)
- d. A member of the family budget unit is attending school, church, or a rehabilitation center which is not within reasonable walking distance.
- e. A member of the family budget unit has physical limitations which would preclude community contacts unless transportation is provided.
- f. A member of the family budget unit is required to keep appointments with county welfare representatives.

The allowance for transportation shall be:

- a. The estimated minimum monthly average cost of bus fare or carfare at local rates up to a maximum of \$10, if public transportation is available, or
- b. If public transportation is not available the estimated minimum monthly average cost of automobile transportation up to a maximum of \$20.

The county shall record in the narrative the determination as to whether or not transportation is necessary and the basis for the amount included in the budget.

## 9. Life Insurance

The county shall determine and record in the narrative whether or not life insurance policies are carried on the parents or children. (See Sec. C-340, Determination of Personal Property.)

If life insurance policies are carried on parents or on children under the age of 18 years, the actual amount of the premiums shall be included, up to a total of \$4 a month for the family. Exception shall be made in either of the following situations:

- a. If premiums are in excess of \$4 and a downward adjustment of the premium is pending, the excess amount shall be included for a period not to exceed three months.
- b. If policies are carried on an incapacitated parent either in or out of the home, the excess amount necessary to keep the insurance in effect shall be included.

(Section Continued on Next Page)



C-503 (Continued)

C-503

## 13. Laundry Service

The average monthly cost of the least expensive laundry service necessary to meet the family's needs shall be included up to a maximum of \$10 if either of the following circumstances exists:

- a. The family is living in quarters without facilities for laundering and it is not practical to provide facilities. In determining the lack of facilities for laundering, the amount and type of clothing or linens to launder in relation to the water supply, receptacles for washing, facilities for heating the water, and facilities for drying the washing shall be considered.
- b. No member of the family budget unit is physically able to do the laundry and there is no relative or neighbor willing to perform the service for them without cost.

The basis for the determination of the need for the service and of the amount to be allowed shall be recorded in the narrative.

## 14. Housekeeping Service

The cost of housekeeping service shall be included up to the prevailing wage for such service if either of the following circumstances exists:

- a. The provision of such service is required to permit a child deprived of maternal care to remain at home.
- b. There is no member of the household or available relative who, because of age, disability, or employment, can discharge the necessary housekeeping responsibilities without cost.

The basis for the determination of the need for the service and of the amount to be allowed shall be recorded in the narrative.

(Section Continued on Next Page)

C-503 (Continued)

C-503

If the family contracts for an item or service without prior county concurrence with the plan, only the unpaid balance of the cost, not to exceed the minimum price for which the item of equipment determined to be needed can be purchased, if it meets the above criteria, shall be included.

## 12. Major Housing Repairs

The cost of major repairs, remodeling, or enlarging a home, or of repairs, replacement, or purchase of permanently attached fixtures in a home owned, encumbered, or being purchased and occupied by the family budget unit may be prorated over a period not to exceed three years.

The monthly prorata so determined, when added to the regular housing expense (see Item E-5), shall not exceed \$25 over and above the rental ceiling.

This allowance over the rental ceiling shall be made if one of the following circumstances exists:

- a. The item is necessary to provide a minimum adequate standard of safety, sanitation, or protection from the weather, or
- b. The item is necessary to provide sleeping space, or
- c. The improvement is required by city or county ordinance.

Only items necessary to provide safe and healthful housing shall be included.

The need for a major housing repair shall be determined in relation to the specific family's situation and recorded in the narrative. Families shall be instructed to discuss plans for repairs, remodeling, replacement, or purchase of housing items before making final arrangements. However, if the items or service is contracted for without prior county concurrence with the plan, only the unpaid balance of the cost, if it meets the above criteria, shall be included.

(Section Continued on Next Page)



C-503 (Continued)

C-503

## 17. Debts

Payments on an obligation incurred by the family before applying for ANC shall be included if such payments are required to maintain an item of current necessity and the unpaid balance of the debt is within the ceiling for the particular item of necessity. If obligations incurred before applying for ANC have no relationship to the current needs, payments on such debts shall not be included in the budget.

A practice common in some parts of the state is for the family to purchase an item of household equipment by adding it to a continuing account at the store, thus making it impossible for the family to get a clear title to the purchase until the account is paid in full. However, because of the complexity of such accounts and loans, it may be found that a number of non-essentials are involved.

It, therefore, becomes necessary for the county to determine whether it is possible to make an adjustment by returning non-essential items and thereby reduce the unpaid balance of the indebtedness and make it possible to include allowance for the essential items within the ceilings. If an adjustment cannot be made, the county shall determine whether it is more desirable to:

- a. Advise the family to discontinue such payments and stand the chance of having the family forfeit all such items if the company wishes to repossess them, or
- b. Continue such payments.

(Section Continued on Next Page)

C-503 (Continued)

C-503

## 15. Moving Costs

The cost of local moving expenses shall be included up to the prevailing rate if no other moving arrangement or payment of costs is possible and if one of the following circumstances exists:

- a. The family has been evicted.
- b. Moving is necessary to obtain housing within the ceiling indicated in Item E-5 or to effect an economy in rent.
- c. Moving is necessary to obtain housing that meets a minimum standard of adequate care.
- d. Moving is necessary to obtain medical care or for reasons of health.

The basis for the determination that moving is necessary and of the amount to be allowed shall be recorded in the narrative.

## 16. Storage of Household and Personal Goods

The cost of storage of household and personal goods shall be included up to the prevailing rate if it is necessary to protect and maintain living facilities of the family while a home is temporarily broken, providing such service is not available without cost.

The basis for the determination that storage is necessary and of the amount to be allowed shall be recorded in the narrative.

(Section Continued on Next Page)



## C-504 INSTRUCTIONS FOR THE USE OF FORM CA 241, BUDGET WORK SHEET

C-504

The Budget Work Sheet, Form CA 241, shall be used for computing the assistance payment unless the county has a substitute form approved by the SDSW in use.

Consult the Cost Schedule, Form Gen M45, for current allowances for essential goods and services.

Complete the top of the Form CA 241 with the case information requested.

Item A. List the Members of the "Family Unit"

List by name, sex, and age the members of the family budget unit.

From Form Gen M45, enter for each person the appropriate allowance in the columns Food, Clothing, Personal Needs, and Recreation.

Special Items. Enter the monthly allowance for special needs, if any, included for an individual.

Total vertically the columns for Food, Clothing, Personal Needs, Recreation, and Special Items, and carry these totals to the appropriate spaces under Item F.

Item B. List other Persons Living in Household

List by name, sex, and age all other persons living in the household who are not included in the "Family Budget Unit." If a recipient of OAS, ANB, or APSB is pooling his assistance and other income with the family, he shall be listed here.

Relation to Head of Family. Enter in this column the relationship to the head of the family; e.g., aunt, boarder, or OAS father.

Amount and Source of Income. Enter in this column the amount and source of each person's income, if any. For example, "\$40 Veteran's Pension."

Food. If the person eats with the family, enter an amount for food. If the person is a recipient of OAS, ANB, or APSB, enter the allowance for food included in his grant; otherwise enter the allowance for food according to the ANC Cost Schedule. If the person is a recipient of OAS, ANB, or APSB, who is pooling his assistance and other income, if any, enter the total amount included in his grant for food, transportation, clothing, incidentals and personal needs, special needs, and in ANB and APSB cases, additional expenses incident to blindness.

(Section Continued on Next Page)

C-503 (Continued)

C-503

If the county determines to select the first alternative above, it should be prepared to work out a plan to:

- a. Enable the family to purchase **household** equipment if it cannot be obtained through other sources.
- b. Enable the family to arrange a rental which would make it unnecessary to purchase such equipment, or
- c. Use a combination of both these ideas.

The basis for the determination that payment on a debt is necessary and the amount to be allowed shall be recorded in the narrative.

#### G. RELATION OF INCOME TO NEED

In order to establish the amount of assistance needed for the family budget unit, it is necessary to relate the total net income available to the total need. The family is in need of assistance to the extent that net income is insufficient to meet the costs of the standard of care for the family budget unit as defined by the SDSW. Net income shall be computed either on Form CA 241A, Worksheet for Computation of Net Income and Total Income Available (optional), or otherwise clearly set forth in the narrative. (W&IC 1560)



AREA OFFICES

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SACRAMENTO OFFICE  
GILBERT 2.4711  
924 9TH STREET  
14

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR  
March 28, 1951

STATE HEADQUARTERS

SACRAMENTO  
GILBERT 2.4711  
616 K STREET  
14

ADDRESS REPLY TO:

FILED

In the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Charles I. Schottland*  
Deputy

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare with Adoption Manual Letter No. 27.

These regulations were adopted by the State Social Welfare  
Board on March 16, 1951, pursuant to the powers conferred upon it by  
the Welfare and Institutions Code under Section 103, and are being  
filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles I. Schatland  
(Signature)

Director  
(Title)

3-28-57  
(Date)



CHARLES I. SCHOTTLAND  
Director

EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
March 23, 1951

ADOPTION MANUAL LETTER NO. 27

The attached revisions numbered 142 through 145 are to be entered in your copy of the Manual of Adoption Policies and Procedures and the revision numbers canceled on the inside of your manual cover.

These revisions were adopted by the Social Welfare Board on March 16, 1951, effective May 1, 1951, beginning with the claims for the month of April 1951.

Section 2815-00 has been revised to specify more clearly which expenditures incurred by a licensed adoption agency in the administration of the adoption program are considered reimbursable. The method of claiming has also been revised. Forms AD 807 and DFA 64C, as revised, have been incorporated into Section 2850-00.

2815-00 (Continued)

2815-00

Expenditures for Services of Other County Agencies. These are services rendered to the county adoption agency by other agencies of county government such as Purchases and Stores, a mechanical department, a motor pool, or similar agencies. Expenditures for such services will be allowed only upon prior written approval of the SDSW.

Claiming Procedures and Forms

If the county welfare department is the agency administering the Adoption program, administrative expenditures for adoptions shall be reported on the monthly worksheets, Form DFA 64, Parts I and II, in the same manner as for other county welfare programs. The expenditures for the Adoption program shall be recapitulated on Line G of Form DFA 222, Administrative Expenditure Affidavit. This form shall be submitted monthly in quadruplicate with the Administrative Expense Worksheets.

If the agency administering the Adoption program is not a part of the county welfare department, claims shall be submitted on Form AD 807, Adoption Administrative Expenditure Affidavit, and Form DFA 64C, Worksheet.



2815-00 ADMINISTRATIVE EXPENDITURES

2815-00

Certain expenditures incurred by a licensed adoption agency in the administration of the Adoption program are reimburseable upon filing proper claims with the SDSW. The rules governing federally reimbursable expenditures contained in Secs. 645-00 through 646-99 of the SDSW Manual of Policies and Procedures apply to state reimburseable expenditures in the Adoption program. Claims for administrative expenditures shall not include expenditures which are defined as Adoption Cost of Care. (See Sec. 2830-00.) Claims are further restricted in accordance with the terms of annual budgets submitted to and approved by the SDSW.

Budget Requirements

Prior to the issuance or renewal of a license by the SDSW an agreement must be reached between the licensed adoption agency and the SDSW with respect to the sums which may be claimed during the fiscal year, segregated as to salaries and wages, maintenance and operation, capital outlay, and services of other agencies. The amounts so budgeted shall be a limitation, within each category, on reimbursement to the agency during the fiscal year except that subsequent agreements with the SDSW may modify the budgeted amounts.

Reimbursable Expenditures

Expenditures for Salaries and Wages. These include direct charges, joint charges, and overall charges. Joint and overall charges shall not be allocated to the Adoption program unless that program is directly benefited.

Expenditures for Maintenance and Operation. These include certain professional services, materials and supplies, communications, travel, and space costs. Professional services include medical, dental, or psychiatric examinations made prior to relinquishment to determine whether particular children are suitable to place for adoption. Materials and supplies include layettes or other clothing, bedding, etc. which are not assigned permanently to a particular child but are used repeatedly for relinquished children generally. Space costs include office rent, janitorial services, heat, light, water, power, and maintenance repair. Expenditures on an amortized basis for building purchased or construction and building repairs and alterations are claimable space costs only upon prior approval of the SDSW.

Expenditures for Capital Outlay. A capital outlay expenditure is defined as an expenditure for property or equipment of an individual cost exceeding \$5 which is used repeatedly for a period of one year or more without appreciable impairment of physical condition. County adoption agencies shall maintain a register of capital outlays which shall show for each item its description, the purchase date, the purchase cost, and its physical location. If any items are sold or transferred for use in the county other than for adoptions, an abatement of the depreciated value thereof shall be reported.

(Section Continued on Next Page)

(Section Continued on Next Page)

STATE OF CALIFORNIA

ADOPTION  
ADMINISTRATIVE EXPENDITURE AFFIDAVIT

DEPARTMENT OF SOCIAL WELFARE

COUNTY \_\_\_\_\_  
MONTH \_\_\_\_\_, 195

FORWARD FOUR COPIES WITH MONTHLY CLAIM TO STATE DEPARTMENT OF SOCIAL WELFARE, 616 K STREET, SACRAMENTO 14.

CATEGORIES OF EXPENDITURE	A. AMOUNTS REPORTED ON COL. 8 OF ADMINISTRATIVE EXPENDITURE WORKSHEETS FOR THIS MONTH	B. AMOUNTS INCLUDED IN COL. A NOT REIMBURSABLE UNDER SDSW REGULATION OR BUDGET AGREEMENT FOR CURRENT FISCAL YEAR	C. AMOUNTS IN BUDGET FOR CURRENT FISCAL YEAR NOT ENCUMBERED BY PREVIOUS CLAIMS (COL. E OF AFFIDAVIT FOR PREVIOUS MONTH)	D. NET AMOUNTS FOR WHICH REIMBURSEMENT IS CLAIMED (COL. A MINUS COL. B)	E. UNENCUMBERED BALANCE OF BUDGET AFTER DEDUCTING THIS CLAIM (COL. C MINUS COL. D)
1. SALARIES AND WAGES					
2. MAINTENANCE AND OPERATION					
3. CAPITAL OUTLAY					
4. SERVICES OF OTHER COUNTY AGENCIES					
5. TOTAL FOR ALL CATEGORIES (SUM OF LINES 1 THRU 4)					

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_ ) SS

I, \_\_\_\_\_ BEING DULY SWORN, DEPOSE AND SAY:  
THAT I AM THE EXECUTIVE OFFICER OF THE COUNTY AGENCY ACCREDITED AND LICENSED  
BY THE STATE DEPARTMENT OF SOCIAL WELFARE TO ACCEPT RELINQUISHMENT OF CHILD-  
REN FOR ADOPTION AND TO PLACE CHILDREN IN HOMES FOR ADOPTION UNDER SECTION  
225H OF THE CIVIL CODE AND UNDER DIVISION 2, PART 3, CHAPTER 1, OF THE WEL-  
FARE AND INSTITUTIONS CODE AND/OR TO INVESTIGATE INDEPENDENT ADOPTIONS AND  
THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FULLY COMPLIED WITH THE  
LAW, RULES AND REGULATIONS GOVERNING THESE FUNCTIONS; THAT THE ABOVE EXPEN-  
DITURES WERE INCURRED IN ADMINISTERING, AND WERE ALLOCATED TO SUCH PROGRAM AND  
THAT RECORDS SHOWING THE ABOVE ARE AVAILABLE FOR AUDIT OR REVIEW.

EXECUTIVE OFFICER OF THE ACCREDITED AGENCY

TITLE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19

TITLE \_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE OF-  
FICIAL IN AFORESAID COUNTY RESPONS-  
IBLE FOR THE EXAMINATION AND SETTLE-  
MENT OF ACCOUNTS; THAT THE EXPEN-  
DITURES CLAIMED HEREIN HAVE BEEN  
AUTHORIZED BY THE BOARD OF SUPER-  
VISORS AND THAT WARRANTS THEREFOR  
HAVE BEEN ISSUED OR EXPENDITURES  
OTHERWISE INCURRED ACCORDING TO LAW.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY



FORM AD 803, EFFECTIVE SEPTEMBER 19, 1947  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
(TO ACCOMPANY ADOPTION ASSISTANCE  
AFFIDAVIT, FORM AD 800)

ADOPTION PROGRAM

FROM \_\_\_\_\_ COUNTY

TO ACCOMPANY FORM AD 800 FOR THE QUARTER

BEGINNING \_\_\_\_\_, 19\_\_\_\_ AND ENDING \_\_\_\_\_, 19\_\_\_\_

FORWARD TWO COPIES TO  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

2850-00 (Continued)

## FINANCIAL POLICIES AND PROCEDURES

2850-00

2850-00

1	2	3	4	5
NAME OF CHILD	CASE NUMBER	AMOUNTS COLLECTED OR COLLECTIBLE	SOURCE OF COLLECTION	REMARKS

STATE OF CALIFORNIA

## ADMINISTRATIVE EXPENDITURES WORKSHEET

DEPARTMENT OF SOCIAL WELFARE

FOR ALLOCATION OF EXPENDITURES OF THE BOARDING HOME LICENSING AND ADOPTION PROGRAMS

FOR USE OF AGENCIES OTHER THAN COUNTY WELFARE DEPARTMENTS

AGENCY \_\_\_\_\_

IN REPORTING EXPENDITURES FOR SALARIES & WAGES, MAINTENANCE  
AND OPERATION, CAPITAL OUTLAY AND SERVICES OF OTHER AGENCIES

MONTH \_\_\_\_\_, 195\_\_\_\_\_

PREPARED BY \_\_\_\_\_

2850-00 (Continued)

FINANCIAL POLICIES AND PROCEDURES

2850-00

2850-00

1		2	3	4	5	6	7	8	9
WARRANT		NAME AND CLASSIFICATION TITLE OF EACH EMPLOYEE AND/OR OBJECT OF EXPENDITURE	TOTAL ALLOCABLE EXPENDI- TURES	INSPECTION & LICENSING OF AGED BOARDING HOMES	INSPECTION & LICENSING OF CHILDREN BOARDING HOMES	ADOPTIONS	OTHER PROGRAMS	JOINT EXPENDI- TURES	OVER- ALL EXPENDI- TURES
DATE	NUMBER								

FORM DFA 64c, REVISED APRIL 1, 1951. TO ACCOMPANY FORM BH 80 OR AD 807.  
FORWARD FOUR COPIES TO THE STATE DEPARTMENT OF SOCIAL WELFARE, 616 K STREET, SACRAMENTO.



AREA OFFICES

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SACRAMENTO OFFICE  
GILBERT 2.4711  
924 9TH STREET  
14

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

T-22  
CH-2

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

March 28, 1951

STATE HEADQUARTERS

SACRAMENTO  
GILBERT 2.4711  
616 K STREET  
14

ADDRESS REPLY TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED  
In the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 453 (Stat) (Dated February 27, 1951)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 115, and 116 on March 16, 1951, and are being filed in accordance with Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schaefer  
(Signature)

Director  
(Title)

3-28-51  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
February 27, 1951

DEPARTMENT BULLETIN NO. 453 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Survey of Income Earned by  
Aid to Needy Blind Recipients  
and Survey of Plans for Self-  
support and Earnings of Aid to  
Partially Self-supporting Blind  
Recipients

Survey of Income Earned by Aid to Needy Blind Recipients

In order to establish a bench mark for evaluating the effect of HR 6000, which became effective on October 1, 1950, the Federal Security Agency is requiring a survey of earned income received by recipients of Aid to Needy Blind in September 1950, the month before HR 6000 went into effect.

A supply of schedules (Form Temp 234 Bl) believed to be adequate for the survey, together with instructions for their completion is being forwarded herewith. These schedules are to be completed and returned to the State Department of Social Welfare not later than March 28.

Aid to Partially Self-supporting Blind Residents Survey

To provide information for the State Legislature, it is necessary to secure information on the amounts and sources of income and plans for self-support of all recipients of Aid to Partially Self-supporting Blind Residents who received an Aid to Partially Self-supporting Blind grant in December 1950.

A supply of schedules (Form Temp 235 Bl) is being forwarded herewith. The schedule is largely self-explanatory; such instructions as are necessary will be found on the reverse side of the schedule.

Since the Legislature reconvenes on March 13, it is urgent that the Aid to Partially Self-supporting Blind schedules be completed and returned at the earliest possible date, but not later than March 15.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

The completed schedules, as well as any questions regarding their completion, should be addressed to the Bureau of Research and Statistics, State Department of Social Welfare, 616 K Street, Sacramento.

A State Number

B County

Name of recipient \_\_\_\_\_ Address \_\_\_\_\_ Schedule filled out by: \_\_\_\_\_  
(last) (middle) (first) (number) (street) (city, town, or village)  
Date: \_\_\_\_\_

Code		Code	(Item G, Continued)	Code	(Item K, Continued)
.....	C Race (circle one):		5 In other relative's home		7 Travel arrangements unknown
	1 White		6 In nonrelative's home		9 Place of employment unknown
	2 Negro		7 In boarding house	.....	L Family composition (circle one):
	3 American Indian		8 In hotel or rooming house		0 No spouse or children under 18 years
	4 Other		9 In other (specify) _____		1 Spouse only
.....	D Sex (circle one):				One or more children under 18 years; no spouse
	1 Male		H Job or occupation _____		2 One child under 18 years
	2 Female				3 Two children under 18 years
.....	E Date of birth: Month _____ Year _____				4 Three or more children under 18 years
.....	F Extent of vision (circle one):		I Extent of employment (circle one):		Spouse and one or more children under 18 years
	1 Absolute blindness		1 Full time		5 One child under 18 years
	2 Light, motion, or form perception up to but not including 5/200		4 Seasonal		6 Two children under 18 years
	3 5/200 up to but not including 10/200		Part time:		7 Three or more children under 18 years
	4 10/200 up to but not including 20/200		2 Regular		9 Unknown whether there is a spouse and/or children under 18 years
	5 20/200		3 Odd jobs		
	Better than 20/200 with peripheral limitation				M Type of public assistance received by spouse and/or children (circle one or more):
	6 Indicated		J Class of employment (circle one):		00 No spouse or children under 18 years
	7 Not indicated		1 Self-employment		Spouse or children under 18 years
	8 Better than 20/200 and no peripheral limitation		2 Sheltered employment		01 No public assistance
	9 Not reported		Other:		02 Aid to the Blind (ANB or AFSB)
			3 Private industry or organization		03 Old Age Security
			4 Government		04 Aid to Needy Children
			9 Unknown		05 General Relief
			K Place of employment and travel arrangements if employed outside home (circle one):		06 Other (specify) _____
			0 Employed in home		07 Assistance status unknown
			Employed outside the home and travels--		19 Unknown whether there is a spouse and/or children under 18 years
			1 Alone		
			With aid of--		N Net earned income in cash (per month) \$ _____
			2 Member of family or a friend		O Earned income in kind \$ _____
			3 Paid guide		P Amount of ANB grant for Sept. 1950 \$ _____
			4 Guide dog		*Q Total amount of earned income in cash (Item N) and value of earned income in kind (Item O) \$ _____
			5 Other		*R Earned income in cash and/or kind
			6 Unknown		



## AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

## Survey of Plans for Self-Support and Income of Recipients, December 1950

(COMPLETE ONE SCHEDULE FOR EACH PERSON WHO RECEIVED AN APSB GRANT IN DECEMBER 1950. SEND TO BUREAU OF RESEARCH AND STATISTICS IN SACRAMENTO)

1. County \_\_\_\_\_ 2. State Number \_\_\_\_\_

3. Name \_\_\_\_\_

4. Sex (check one): ☐ Male ☐ Female 5. Birthdate \_\_\_\_\_

6. During 1950 this recipient (check):

a. ☐ received APSB for each month of the year.

b. received APSB only for the months indicated by check mark below:

JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

7. Current plan for self-support has been in effect since \_\_\_\_\_ (date)

8. Nature of plan for self-support (describe briefly): \_\_\_\_\_

9. Sources and amounts of all net\* income in cash or in kind received during calendar year 1950:

Source (specify)	Total Received During Year
a. Net* earnings (complete Item 10 also)	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
Total - all sources	\$ _____

10. This item is concerned only with income from earnings. During 1950 recipient (check):

a. ☐ had net\* earnings each month of the year.

b. had net\* earnings only during the months indicated by check mark below:

JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

or Report prepared by \_\_\_\_\_ Date \_\_\_\_\_

\* As defined in Manual Sections 151-50ff and Department Bulletin No. 437.

## Instructions for Completing Form Temp 235 B1

Most of the items on this form are self-explanatory. However, attention is called to the following points:

1. Income reported includes cash income and income in kind.
2. Income resulting from self-employment should be reported as earnings.
3. The earnings reported should be "net earnings", i.e., less deductions in case of paid employment and less expenses in the case of self-employment.
4. For income from earnings the worker is required to indicate the months during 1950 in which such income was received. For income from other sources this detail as to months of receipt is not required.

---

Completed schedules are to be returned to Sacramento as early as possible but not later than March 15.



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Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

March 28, 1951

STATE HEADQUARTERS

SACRAMENTO  
GILBERT 2.4711  
616 K STREET  
14

ADDRESS REPLY TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED  
in the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 P M.  
FRANK M. JORDAN, Secretary of State  
By *[Signature]* Deputy

Dear Mr. Jordan:

Attached are three copies of regulations issued by the  
State Department of Social Welfare.

OPHTHALMOLOGY - FEE SCHEDULE

These regulations were adopted by the State Social Welfare  
Board on March 16, 1951, pursuant to the powers conferred upon it  
by the Welfare and Institutions Code under Sections 3051, 3075,  
3460, and 3462, and are being filed in accordance with Section 11380  
of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

Certified as a Regulation (or  
Regulations of the

Dept. of Social Welfare  
(Name of State Agency)

Charles I. Schanley  
(Signature)

Director  
(Title)

3-28-51  
(Date)



State Department of Social Welfare  
Division for the Blind

OPHTHALMOLOGY - FEE SCHEDULE

Eye Operations:

Cataract (of the eye), Needling or Discission, operation for . . . . .	\$ 50.00
Cataract, operation for. . . . .	100.00
Ectropion, operation for . . . . .	50.00
Entropion, operation for . . . . .	50.00
Enucleation of Eye . . . . .	75.00
Iridectomy, Simple Iridectomy . . . . .	75.00
Glaucoma, surgery for (other than simple Iridectomy) . . . . .	90.00
Lacrymal Sac, excision of, or Dacryocystotomy. . . . .	50.00
Pterygium, removal of. . . . .	40.00
Retinal Detachment, correction of . . . . .	150.00

Diagnostic Examination (when surgery not performed). . . . . 10.00  
Fee for diagnostic examination included in surgery fee when surgery follows.

Office Visit - \$3.00 each, following 15 day post-operative period.  
Each surgery fee includes 15 day post-operative care.

Refraction with prescription, following surgery. . . . . 10.00

POST-OPERATIVE TREATMENT IN LOCAL COMMUNITY

Post-operative observation and report. . . . .	5.00
Refraction with prescription . . . . .	10.00

PHYSICAL EXAMINATION

\*Physical Examination to determine feasibility for eye surgery. . . . . 10.00

OTHER COSTS

Hospital Items . . . . .	As Paid
Boarding Home Items. . . . .	As Paid
Transportation Items . . . . .	As Paid
Miscellaneous Items . . . . .	As Paid

\* New item in fee schedule. Payment heretofore has been \$5 for pre-surgical physical examination.

Certified as Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Shawlous  
(Signature)

Director  
(Title)

3-28-57  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
March 27, 1951

FILED  
in the Office of the Secretary of State  
of the State of California

MAR 29 1951

At 1:50 P.  
FRANK M. JORDAN, Secretary of State  
By *[Signature]* Deputy

DEPARTMENT BULLETIN NO. 457 (OAS and ANB)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: OAS and ANB - Determination of  
Aid Payments

Department Bulletin 359 and all other bulletins in the 359 series  
are cancelled.

This bulletin brings together all current policy previously released  
in the 359 bulletin series. It also contains new or amended policies as adopted  
by the Social Welfare Board in March 1951. The new or amended policies are  
identified by a verticle line in the right hand margin.

\* \* \* \* \*

The need of applicants for and recipients of OAS and ANB is that amount  
necessary to meet the individual's total requirements as defined by the standards  
set forth herein.

The aid payment is determined by subtracting the individual's income  
and the value of his currently used resources (other than casual income and in-  
consequential resources, and in ANB income from earnings of \$50 or less) from  
his need. The aid payment plus the income shall not be less than \$75 in OAS,  
and \$85 in ANB. When the need is in excess of \$75 in OAS and \$85 in ANB, the  
amount of the aid payment is determined by subtracting the income from the need,  
but in no event may the grant exceed \$75 in OAS or \$85 in ANB. The amount of  
the aid payment plus the income of the individual shall not exceed the total  
need.

Note: Any necessary change in the grant for current cases in order to  
adjust the payment to the exact difference between the need and income shall be  
made at the time of the next reinvestigation, or when the grant is changed for  
any reason, whichever date is earlier.

A. Determination of Need

Since the law provides that the income together with the amount of the grant  
shall equal at least \$75 in OAS, this amount is considered to cover continuing  
needs common to all OAS recipients. In ANB \$85, the maximum payment, is con-  
sidered to cover basic continuing needs common to all blind recipients. In  
addition to basic continuing needs the individual may have special needs arising

out of impairment of health, physical handicap, etc. When special needs exist, the total need is determined by adding the amount allowed to meet the items of special need to the cost of basic needs (\$75 in OAS and \$85 in ANB).

#### B. Basic Continuing Needs

Following are the basic continuing needs common to all recipients which are to be met on \$75 a month in OAS and \$85 a month in ANB. The amount needed for each of the basic needs is indicated. These amounts constitute the "yardstick" to be used to determine the amount of special need which may exist for certain individual items; also to measure the value of any basic needs which are provided the individual without cost to him.

Following are those basic continuing needs common to all recipients which are presumed to be met on \$75 a month in OAS, and \$85 a month in ANB:

1. Food--The normal amount and kind of food needed to maintain health and vigor. This is \$28.50. If the recipient pays board and room, the cost thereof is the sum of the cost of the basic needs of food, housing, and utilities (see definition of Special Needs on page 3 of this bulletin). If circumstances require that the recipient eat his meals in restaurants, see Special Needs on page of this bulletin.
2. Housing--Adequate, suitable, sanitary housing in the locality chosen by the applicant or recipient. The amount of rent, no utilities included, is \$15.

When the rent includes utilities, the cost is \$21.30 (\$15 for rent and \$6.30 for utilities). See Special Needs on page 4 of this bulletin.

When the recipient occupies his own home, the cost of his housing is the sum of the monthly cost of prorated taxes, insurance, the required encumbrance payment (principal and interest), if any, \$2 monthly allowance for minor repair and upkeep, and any net occupancy value.

When the total of these costs exceeds \$15, see Special Needs on page 3 of this bulletin.

3. Utilities--Light, water, and fuel needed to maintain health and comfort. If the total amount required to meet the various utilities the recipient must use exceeds \$6.30, see Definition of Special Needs on page 4 of this bulletin.
4. Clothing--Adequate, healthful clothing. A total of \$6.20 a month is necessary to meet this need.
5. Household Maintenance and Replacements--The occasional replacement of small items of household equipment and/or supplies. The amount required to meet this need is \$4.50.
6. Transportation--Carfare in the amount of \$4.50 for social and ordinary shopping purposes, or gasoline used for such purpose. If there is extra transportation cost due to certain specific circumstances, see Definition of Special Needs on page 5 of this bulletin.
7. Incidentals--The usual expenditures for haircuts, toilet articles, recreation, including expenses necessary to maintain normal social contacts, etc., totaling \$10.



8. Added Allowance for Blindness (ANB only)--In addition to the basic needs set forth above, an allowance of \$10 is required since the over-all cost of basic needs to a blind person is more than the cost to a person without such a handicap.

C. Definition and Determination of Special Needs

Special needs are not common to all recipients, but an individual recipient may have need for one or more of them. The following Special Needs shall be taken into consideration under the circumstances and within the monetary limits indicated.

1. Food--The amount by which the cost of special diet exceeds the cost of basic food (\$28.50) represents special need, and is to be computed in accordance with the department's Special Diet Schedule.

When the circumstances require that the recipient eat his meals in restaurants, the cost in excess of basic food shall be \$21.40 a month.

2. Housing--If adequate housing is not available at less cost within the community, or if a health condition requires close proximity to a medical or shopping center, or if employment of his spouse makes proximity to the place of employment a factor, special need exists as follows:

Rent--If rent, including no utilities, for a recipient living alone or living with someone other than a spouse, exceeds \$15.00, the amount in excess thereof, up to a maximum of \$25.00 represents special need. The basic allowance of \$15.00 plus \$25.00 results in a \$40.00 maximum for rent. If the recipient lives with an eligible or ineligible spouse, his share of the rental shall be considered to be no more than one-half of the total rental, up to a maximum of \$65.00 for the total rental. If his share exceeds \$15.00, the amount in excess thereof, up to a maximum of \$17.50, represents special need. The basic allowance of \$15.00 plus \$17.50 results in a \$32.50 maximum for the recipient's share of the rent.

If the rent, including utilities, for a recipient living alone or living with someone other than a spouse, exceeds \$21.30 the amount in excess thereof, up to a maximum of \$25.00, represents special need. The basic allowance of \$21.30 plus \$25.00 results in a \$46.30 maximum for rent, including utilities.

If the recipient lives with an eligible or ineligible spouse, his share of the rental, including utilities, shall be considered to be no more than one-half of the total rental, up to a maximum of \$71.30 for the total rental. If his share exceeds \$21.30, the amount in excess thereof, up to a maximum of \$14.35, represents special need. The basic allowance of \$21.30 plus \$14.35 results in a \$35.65 maximum for the recipient's share of the rent.

Home Owned--If the recipient lives alone in his own home, and the monthly cost of prorated taxes, the required encumbrance payment (principal and interest) if any, \$2 monthly allowance for minor repairs and upkeep, and any net occupancy value,

exceeds \$15.00, the amount in excess thereof, up to a maximum of \$25.00, represents special need. The basic allowance of \$15.00 plus \$25.00 results in a \$40.00 maximum for housing.

If the recipient lives in his own home with an eligible or ineligible spouse, his share of the housing cost shall be considered to be no more than one-half of the total up to a maximum of \$65.00 for the total housing cost. If his share exceeds \$15.00, the amount in excess thereof, up to a maximum of \$17.50 represents special need. The basic allowance of \$15.00, plus \$17.50 results in a \$32.50 maximum for the recipient's share of the housing cost.

If applicants or recipients are living in housing which does not come within the foregoing limitations they shall be given a three months' period in which to move to housing within the ceiling limit, to re-finance the home property so that payments thereon may be reduced within the ceiling, or to make such other adjustments as may be possible. If at the end of the three months' period no adjustment is made, the grant shall be determined on the basis of allowance for special need as above specified.

If it is necessary to provide safe and healthful housing, or to minimize deterioration, the expense of occasional repairs, the cost of which is \$10.00 or more, represents special need until allowance has been made for the cost of such repairs, provided the cost does not exceed the minimum for which such repairs can be secured. The plan for payment agreed upon between the contractor or vendor and the recipient shall be recorded in detail.

3. Utilities--Special need exists if (1) the recipient's health is such as to require an abnormal consumption of one or more of the utility items, (2) the housing and/or equipment construction is such that an abnormal consumption occurs, (3) the utilities used include the more expensive items, such as butane, crude oil, wood, water when the rate in the community is unusually high, and sewer tax if included in the charge for utilities, (4) climatic conditions require the use of a greater amount of fuel. When the cost of such utility items used by the recipient under the foregoing circumstances exceeds \$6.30, allowance shall be made for them up to a maximum of \$17.80. (The basic allowance of \$6.30 plus \$11.50 results in a \$17.80 maximum allowance for utilities.)
4. Clothing--The cost of replacement of necessary clothing destroyed in a catastrophe such as fire, flood, etc., represents a special need.
5. Replacement or Repair of Worn-out Household Equipment--Household furniture or equipment may be inadequate or substandard to a point where replacement or repair is necessary. The cost of replacement or repair of equipment essential to meet normal requirements represents special need if:
  - (a) the individual lacks and needs essential equipment.
  - (b) essential equipment is worn out and there is need to replace or repair it,



(c) essential equipment is lost due to such causes as fire or flood and there is a need to replace it,

(d) illness necessitates additional equipment.

When one or more of these circumstances exist allowance shall be made for replacement or repair not to exceed the minimum price for which the item is available through mail order houses or other stores of a similar character which are used, in general, by persons with low incomes.

Essential equipment for functioning of a household included basic cooking and heating facilities, sleeping equipment, storage space for clothing, and other basic necessities for minimum comfort in living. Essential equipment also includes laundry equipment if laundry is done at home; refrigeration and air cooling equipment if found necessary because of climatic conditions. Such items as dishes or household linens are not included above since the replacement of those items is provided for under Household Maintenance and Replacements (See item B-5, page 2).

The cost of repair of equipment already in use shall be weighed against the cost of purchasing a new refrigerator or laundry unit. Whether the equipment to be purchased should be used or new may depend upon the availability of such equipment with consideration given to upkeep as well as the initial cost. However, the case record shall contain a statement as to why a certain type of equipment was determined to be necessary.

Individuals shall be advised to discuss plans for repairing or replacing household equipment before making final arrangements. If the recipient contracts for an item of household equipment without prior county concurrence with the plan, the unpaid balance of the cost, not to exceed the minimum price for which the item of equipment determined to be needed can be purchased, if it meets the above criteria, shall be included.

The foregoing new policy is not applicable to those cases in which special need has already been established and allowed in the need determination. In such cases the special need allowance shall continue on the basis of the need for the item as previously determined.

6. Transportation--When there is transportation cost due to trips to the doctor, clinic, etc., or unusually long distance trips to the nearest shopping and business center, the additional transportation expense represents a special need, not to exceed \$10.50 a month. The basic allowance of \$4.50 plus \$10.50 results in a \$15.00 maximum for transportation.
7. Moving Costs--The cost of moving expenses represents special need only if no other moving arrangements or payment of cost is possible and if one of the following circumstances exists:
  - (a) the individual has been evicted,
  - (b) moving is necessary to obtain housing within the ceiling specified in Section C-2, or to effect an economy in rent,

- (c) moving is necessary to obtain housing which meets the need of the individual,
- (d) moving is necessary to obtain medical care or for reasons of health.

The amount allowed shall be based on the customary rate for such service in the community. The basis for the determination that an allowance for moving is necessary shall be recored in the case record.

- 8. Storage of Household and Personal Goods--The cost of storage of household and personal goods represents a special need only where no other plan for such storage can be made and is temporarily necessary due to health or other reasons. The amount allowed shall be based on the customary rate for such service in the community. The reason for an allowance for storage shall be recorded in the case record.
- 9. Medical Care and/or Treatment Under Other Healing Arts--"Medical care" as used in this bulletin is defined as including services from physicians, dentists, and nurses, treatment given by a practitioner as specified in (a) below; clinic, convalescent and hospital care; drugs and medical supplies; surgical and prosthetic appliances; and other special services, diagnostic X-ray and X-ray therapy, as may be required for diagnosis, care and treatment.

It is recognized that the recipient is a free agent in the choice and purchase of medical care, and that there are only such protections around the quality of care he buys as are assured to other persons in the community. He may be able to get care at reduced rates or he may pay what everyone else pays, depending upon where he secures his care. After a person goes for treatment, what he actually needs and how much, is determined by the practitioner, medical or other, but he chooses what he will have or what he needs.

Medical care needs and resulting costs are usually unpredictable. The recipient should be given a full interpretation of his responsibility in reporting information regarding changes in his medical care situation. When medical services or other treatments are not given on a regular, continuing basis, and the amount of care required varies month by month, allowances for these costs shall be determined as often as required and shall be based on the information reported by the recipient.

When costs of medical care are paid directly to vendors by others, including relatives of the recipient, all such payments shall be considered income to the recipient, and the care or treatment shall be identified and established as a special need.

- (a) Treatment by Physician, Surgeon, or Practitioner of any Type of Therapy--When a recipient is under care or treatment by a physician or surgeon, or by the practitioner of any type of therapy, treatment by prayer or other spiritual means or other treatment recognized as a branch of the healing arts, the cost of such care or treatment represents a "special need" in the amount actually required to purchase such service.



When determining medical care needs of a recipient who is under the care of a physician or practitioner, the following information shall be secured through discussion with the recipient and recorded in full in the case record:

- (1) Name and address of physician or practitioner.
- (2) Nature of illness.
- (3) Length of time recipient has been under the care of the physician or practitioner.
- (4) Number of visits monthly to physician or practitioner, date of last visit, number of visits during last two months, and cost per visit. Determination shall be made with the recipient as to whether or not medications are furnished by physician or practitioner and included in his charge.
- (5) Probable duration of need for care or treatment. Unless there is indication that care will be continuous, a plan shall be made with the recipient for redetermining medical care needs periodically and as often as indicated by the situation.

Allowance shall be made to cover the actual or allowable cost of treatment or care on the basis of the recipient's oral or written statement of the monthly cost; additional verification shall be requested when the cost as reported by the recipient appears to be excessive. In instances where the recipient cannot give a clear picture of the situation as to the cost of required medical service, care or treatment or the probable duration of the need, further verification through the physician or other practitioner is indicated. Such clearance shall not be made, however, without the consent of the recipient nor without his written authorization to the physician or practitioner to furnish the necessary information.

- (b) Medication--Prescription and proprietary drugs or other medications are considered special needs when (1) prescribed by a physician or practitioner of the healing arts, and (2) the cost is in addition to the charge for service.

Determination shall be made of the monthly cost of prescribed drugs or medications and allowances shall be made to cover only the period for which needed. There shall be at least an annual redetermination with the recipient of the continued need for the medication. Such redetermination with the recipient shall include consideration as to whether or not the continued use of the medication has been prescribed. When medications are necessary on a continuing basis, and are purchased periodically, the cost is prorated on a monthly basis and the grant need not be adjusted in the month in which it is purchased.

- (c) Nursing Home, Sanatorium, or Rest Home Care--The cost of Nursing Home, Sanatorium, or Rest Home care represents special need when the recipient's condition requires this type of care, as determined or recommended by the recipient's physician or practitioner.

The maximum allowances for nursing home care, as set forth below, take into consideration the fact that the amount charged will vary according to the kind and extend of services needed by the recipient and according to conditions in various areas.

In order to determine which maximum will apply in a given case, the agency shall secure information from the physician or practitioner as to the kind of care required by the recipient. The nature of the services provided in the nursing home in which the recipient receives care or plans to receive care, and the rate charged shall also be determined. If, in addition to services usually provided, the nursing home also furnishes prescribed medications (prescriptions and proprietary drugs prescribed by physician) for the individual patient, special medical supplies and appliances required by the patient, or physician's services, and the rate is correspondingly higher, allowance may be made for these special needs in addition to the established maximum. Such allowance shall be based on the charge usually made for these services when provided through the nursing home. When the cost of prescribed medication, special medical supplies, appliances, or physician's services is not included in the nursing home rate, an additional allowance may be made based on the cost of the required item as reported by the recipient or other individual meeting the cost of service.

When a physician or practitioner determines a recipient's condition requires placement in a private room, an additional amount, not to exceed \$50.00, may be allowed to meet the cost for the period this type of accommodation is necessary. If a recipient does not require a private room, but this is the only type of accommodation available, a three months' adjustment period is permitted to enable the recipient to secure care in a ward of semi-private accommodation within the maximum cost allowed for the type of care he requires.

Maximum allowances for nursing home, sanitorium, or rest home care

Group I

The maximum allowance for nursing home care for recipients requiring only a minimum amount of care and service, i.e., board, room, laundry, including personal laundry and some personal service or supervision, shall not exceed \$125.00. An additional allowance of \$20.00 shall be made to meet cost of clothing and incidental needs.

Group II

The maximum allowance for nursing home care for recipients requiring nursing service (rendered by registered or practical nurses), shall not exceed \$165.00. An additional allowance of \$20.00 shall be made to meet cost of clothing and incidental needs.



#### Group III

The maximum allowance for nursing home care for recipients who are bedfast and require extensive nursing care shall not exceed \$210.00. An additional allowance of \$20.00 shall be made to meet cost of clothing and incidental needs.

When the cost of care exceeds the maxima defined under Groups I, II, or III for the type of care required, a three month adjustment period shall be permitted to enable the recipient to make plans to secure care at a cost within the allowable maximum. If the recipient remains under care beyond the three month adjustment period at a rate exceeding the maximum for the type of care he requires, and the excess cost is met by income to the recipient, including contributions from relatives and direct payment by relatives or others, the amount of the grant shall be determined by applying all income to the maximum allowable cost of established special need.

Example: Mr. A. requires only the type of care provided under the Group II maximum allowance of \$165.00 (plus \$20.00 for clothing and incidental needs) or a total of \$185.00, but is currently receiving nursing home care at a cost of \$200.00. Mr. A. has no additional special needs. Relatives contribute \$125.00 toward cost of care. There is no other income. When this amount is applied to the established total need (\$185.00) the grant is \$60.00.

When it is found that nursing home care cannot be secured within the maximum allowed under Groups I, II, and III, the situation shall be submitted to the State Department of Social Welfare for review.

#### (d) Private Hospital Care

While care in a private hospital is included in allowable medical care, it is limited, in general, to a three month period. If a recipient enters a private hospital for medical or surgical care and the cost is met by income to the recipient, including contributions from relatives or county supplemental assistance, Old Age Security and Aid to Needy Blind shall be granted for three calendar months next following date of admission. If, at the end of this period, the recipient continues to require care in the private hospital, the situation shall be reported to the State Department of Social Welfare for further consideration. Note exception under (e) below.

#### (e) Prepaid Medical and Hospital Care

When a recipient is enrolled in a prepaid medical care plan (e.g., California Physician's Service, Ross-Loos Medical Group, Permanente Health Plan) or in a prepaid hospital service plan (e.g., Blue Cross, Intercoast Hospitalization Insurance) or carries a disability insurance policy, the cost of the monthly fee may be allowed up to a maximum of \$6.00 monthly. The three month rule does not apply to care in a private hospital received under an insurance or other prepaid plan.

(f) Nursing Service in Recipient's Own Home

When the provision of nursing service (either by a registered nurse or a practical nurse) permits the recipient to continue living in his own home rather than requiring him to enter a nursing home, an allowance, not to exceed \$165.00 monthly, may be made for nursing service. An additional allowance, not to exceed \$30 monthly, may be made to cover cost of food for the nurse. When the nursing service is provided through a Visiting Nurse Association or similar organization (excluding public health nursing service of public health departments), the usual charge per visit shall be allowed instead. When only short term nursing service is required (i.e., less than 15 days) cost of such service may be allowed in accordance with the usual community rate for such service.

(g) Dental Care

The cost of dental care (i.e., extractions, fillings, treatment, X-ray examination, bridge work, dentures, and repair of dentures) shall be allowed on the basis of the recipient's statement as to cost. Additional verification is needed only when the cost as reported by the recipient appears to be excessive.

(h) Supplementary Services Related to Medical Needs

The cost of items listed below represent special need when prescribed by a physician or practitioner on the basis of the recipient's statement as to cost. Additional verification is needed only when the cost as reported by the recipient appears to be excessive.

- (1) Laboratory service, X-rays.
- (2) Eyeglasses (including charge for refraction).
- (3) Prosthetic appliances such as trusses, artificial limbs, etc.
- (4) Dressings and other sick room supplies, including wheel chairs, hospital beds, crutches, etc.
- (5) Hearing aids--When a practitioner of the healing arts recommends the provision of a hearing aid, the cost of the hearing aid represents a special need when a further examination by an otologist verifies that the recipient will benefit from the use of a hearing aid. The cost of the examination by the otologist represents a special need, up to a maximum of \$10.00. A special need allowance not to exceed \$175 may be made to cover the cost of a hearing aid. An exception to the maximum allowance may be made when an otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid the cost of which exceeds \$175. The monthly upkeep cost of hearing aids represents a special need up to maximum of \$5.00 per month.

Note: This policy was first released in Bulletin 359-C Supplement, dated February 20, 1951. It became effective immediately in determining special need for a hearing aid; it was not applicable in those cases in which a special need for a hearing aid had already been established.



10. Housekeeping service--The cost of housekeeping service represents special need when the physical condition of the recipient is such that the service is required. This includes the cost of outside help to do occasional heavy cleaning, such as floors, woodwork, windows, etc., for persons who maintain their own household or live in a rented room where such service is not furnished without charge. The amount allowed for such service shall be based on the customary rate for such service in the community. No allowance shall be made for service relating to upkeep of the recipient's lawn or for other yard work.
11. Laundry--The actual cost of laundry service, not to exceed the maximum of \$5 a month, represents a special need when the recipient does not have facilities for doing the laundry himself or when his health or handicap prevents such activity.
12. Board and Room--If the recipient must pay board and room, and the charge for this item is in excess of \$55.00 in OAS or \$65.00 in ANB, the excess represents special need provided board and room within the specified amounts is not available in the community.
13. Telephone--The cost of a telephone represents special need not to exceed \$4.00 a month when a telephone is necessary because of a health condition, blindness, or isolation.
14. Special Needs of Blind Persons--The following items are the additional needs which may be necessary to effect physical, social, or economic adjustment of the blind recipient. When there is need for one or more of these items the actual cost thereof represents a special need.
  - (a) Personal services, such as a personal guide, reader, etc.
  - (b) Guide dog, and/or maintenance therefor. Experience with this type of need indicates that an allowance of \$29.00 a month for the maintenance of a guide dog (cost of food, veterinarian fees, etc.) is reasonable; and this sum may be used in lieu of individual determination in each instance.
  - (c) Radio phonograph and/or radio phonograph repairs.
  - (d) Talking Book and/or Talking Book repairs.
  - (e) Typewriter and/or Braille writer.
  - (f) Artificial eyes.
  - (g) Special appliances for the blind (including purchases and/or repair) such as white canes, watches, Braille slates.
  - (h) Clerical assistance to supply essential reading and writing service.
15. Required payments on a debt represent special need when the debt is secured by the recipient's furniture or some other item of personal property which is a current necessity. The liquidation of debts not so secured represent a special need if the debt was for a bona fide special need and was incurred while a recipient of aid. Payments on an unsecured debt incurred while not a recipient of aid shall not be considered a current need.

D. Computation of Total Need

Allowance shall be made for special needs when determining the total need of the applicant or recipient on the basis of his written or oral statement when the amount needed to meet the special need appears reasonable. Verification is required when the cost as reported by the recipient appears to be excessive.

If the applicant or recipient has income, including the value of currently used resources, Form Temp 158 Ag, Computation of Total Need and Security Payment for Old Age Security and Form Temp 158 SB, Computation of Total Need and Security Payment for Security to the Blind (ANB) shall be used to compute total need and the amount of the aid payment. The left half of the form is used for exploration of the applicant's or recipient's special need, and to record the cost of items of special need as well as of those items of basic need which may represent a special need. The right half of the form is used to record the amount established for individual items of special need, and to record the amount of total need.

The bottom of the form under "Summary" contains appropriate spaces to record total income on the left side and the computation of the aid payment on the right side.

The attached forms have been completed to demonstrate their use in the following examples:

Example: Review of the recipient's needs with him shows that he has special need for rent which costs \$35.00 rent, including utilities, and it is inadvisable for him to move because of a serious health condition. The doctor's charge is \$6.00 a month and his medicine costs \$4.00 a month. He must use a taxi to go to the clinic which costs \$12.00 a month. He receives \$40.00 Railroad Retirement income.

OAS

Example: Review of the recipient's needs with him shows that he has a special need for rent which costs \$45.00 rent, including utilities, and it is inadvisable for him to move because of the necessity for close proximity to a shopping center. His telephone costs \$4.00 a month. Due to his handicap he must pay \$7.00 a month for laundry and \$7.50 a month for house cleaning service. He receives \$45.00 Railroad Retirement income.

ANB

The completed Form Temp 158 shall be filed in the case record. The circumstances which justify allowance of special needs shall be recorded on the form, or in the case narrative.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachments



OLD AGE SECURITY  
COMPUTATION OF TOTAL NEED AND SECURITY PAYMENT

Living as a Member of a Household Group ☒ Yes ☐ No  
If Yes, Number in Household \_\_\_\_\_

Case Name John Doe  
State No. La 1234 Ag County No. 3215

Basic Need \_\_\_\_\_ \$75.00

Possible Items of Special Need

Cost

Amount of Special Need Established

1. Food ☒ Special Diet ☐ Restaurant Meals \_\_\_\_\_  
2. Rent ☒ Including Utilities \_\_\_\_\_ \$35.00  
☐ Not Including Utilities \_\_\_\_\_

Amount of Excess \_\_\_\_\_  
Amount of Excess (See Bull. 359, Page 3, Housing) \$13.70  
Amount of Excess \_\_\_\_\_  
Why Excess Necessary? Illness  
If Yes, Total Cost \_\_\_\_\_ Recipient's Mo. Share \_\_\_\_\_  
Specify Nature of Repairs, How Cost Determined \_\_\_\_\_

3. Own Home Expense for Repair? No ☐ Yes ☐  
Taxes \_\_\_\_\_  
Insurance \_\_\_\_\_  
Encumbrance \_\_\_\_\_  
Upkeep \_\_\_\_\_  
TOTAL \_\_\_\_\_ + Occ. Val. \_\_\_\_\_ = 0 (1)

Amount of Excess \_\_\_\_\_  
If Special Need Is Allowed for Utilities State Reason \_\_\_\_\_

4. Utilities Gas 1.90  
Electricity 2.50  
Water \_\_\_\_\_  
Other .75 (garbage)  
Total 5.15 5.15 (2)

Amount of Excess \_\_\_\_\_ Allowable Excess (3) \_\_\_\_\_  
Amount of Excess \_\_\_\_\_  
Amount of Excess \$12.00 Allowable Excess (3) \$10.50  
(See Bulletin 359, Page 4, Transportation)

5. Board and Room \_\_\_\_\_ 0

6. Transportation \$12.00  
Specify Reason for, and How Cost Determined \_\_\_\_\_  
Illness, must use taxis for Doctor & clinic calls, 8 round trips per mo. @ \$1.50

M.D. or Other, Per Month \$ 6.00  
Prescriptions, Drugs, Etc. 4.00  
Glasses, Dentures, Etc., Specify \_\_\_\_\_  
Sanitarium Cost \_\_\_\_\_ Allowable Excess (3) \_\_\_\_\_  
Nursing Care Cost \_\_\_\_\_ Allowable Excess (3) \_\_\_\_\_  
Amount Allowed (Must Not Exceed Maximum) \_\_\_\_\_  
Amount Allowed (Must Not Exceed Maximum) 4.00  
Reason: Health ☒ Blindness ☐ Isolation ☐  
Amount Allowed (because recipient unable to do) \_\_\_\_\_

7. Medical Care No ☐ Yes ☒  
(If Yes, Complete Appropriate Items in Right Hand Column)

8. Laundry \_\_\_\_\_ 0

9. Telephone \_\_\_\_\_ 4.10

10. Housekeeping Service \_\_\_\_\_ 0  
Specify \_\_\_\_\_

11. Debt for a Special Need? No ☒ Yes ☐

If Yes, Amount (Explain Fully in Record) \$ 113.20

TOTAL NEED \_\_\_\_\_

SUMMARY

INCOME

DETERMINATION OF SECURITY PAYMENT

SOURCE

AMOUNT

Net Value of Occupancy, If Any \_\_\_\_\_  
Other Railroad Retirement \$40.00

Total Need \$ 113.20  
Total Income 40.00  
Difference Between Need and Income 73.20  
Amount of Security Recommended 73.20

TOTAL INCOME \$40.00

Computed By Mary Jones

Date February 25, 1951

- (1) If home owned with others this is the recipient's share of ownership costs plus the occupancy value, if any.  
(2) Enter recipient's share if others in household.  
(3) Enter the amount of the excess, except when the excess exceeds the maximum enter the maximum.

AID TO NEEDY BLIND  
COMPUTATION OF TOTAL NEED AND AID PAYMENT

Living as a Member of a Household Group Yes ☒ No ☐  
If Yes, Number in Household \_\_\_\_\_

Case Name John Doe  
State No. La 1234 BL County No. 3215

Basic Need ..... \$85.00

Possible Items of Special Need	Actual Cost	Amount of Special Need Established
1. Food <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Restaurant Meals <u>basic</u>		..Amount of Excess.....
2. Rent <input checked="" type="checkbox"/> Including Utilities..... <u>\$45.00</u>		..Amount of Excess (See Bull 359, Page 3, Housing).... <u>\$23.70</u>
<input type="checkbox"/> Not including Utilities.....		..Amount of Excess.....
3. Own Home Expense for Repair? NO <input type="checkbox"/> YES <input type="checkbox"/>		Why Excess Necessary? <u>Proximity to shopping</u>
Taxes _____		..If Yes, Total Cost _____ Recipient's Mo. Share.....
Insurance _____		Specify Nature of Repairs, How Cost Determined _____
Encumbrance _____		
Upkeep _____		
TOTAL + Occ. Val. = _____ (1)		..Amount of Excess.....
4. Utilities Gas <u>1.90</u>		..If Special Need is Allowed for Utilities State
Electricity <u>2.50</u>		Reason _____
Water _____		
Other <u>.75 (garbage)</u>		
Total <u>5.15</u> _____ (2)		..Amount of Excess _____ Allowable Excess (3)
5. Board and Room..... <u>0</u>		..Amount of Excess.....
6. Transportation..... <u>basic</u>		..Amount of Excess _____ Allowable Excess (3)
Specify Reason for, and How Cost Determined _____		(See Bulletin 359, Page 4, Transportation)
7. Medical Care No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		..M.D. or Other, Per Month.....
(If Yes, Complete Appropriate Items in Right Hand Column)		Prescriptions, Drugs, Etc.....
		Glasses, Dentures, Etc., Specify
		Sanitarium Cost _____ Allowable Excess (3)
		Nursing Care Cost _____ Allowable Excess (3)
8. Laundry..... <u>\$7.00</u>		..Amount Allowed (Must not Exceed Maximum)..... <u>\$5.00</u>
9. Telephone..... <u>\$4.00</u>		..Amount Allowed (Must not Exceed Maximum)..... <u>4.00</u>
		Reason: Health <input type="checkbox"/> Blindness <input checked="" type="checkbox"/> Isolation <input type="checkbox"/>
10. Housekeeping Service..... <u>\$7.50</u>		..Amount Allowed..... <u>\$7.50</u>
Specify <u>for two months @ .75 an hour</u>		Why necessary? <u>Recipient unable to do</u>
11. Debt for a Special Need? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		..If Yes, Amount (Explain Fully in Record).....
12. Special Need Because of Blindness? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		..If Yes, Specify _____
.....		..... TOTAL NEED ..... <u>\$125.20</u>

SUMMARY

INCOME		COMPUTATION OF AID PAYMENT	
SOURCE	AMOUNT		
Net Value of Occupancy, If Any _____		Total Need _____	<u>\$125.20</u>
Other <u>Retirement</u> _____	<u>\$45.00</u>	Total Income _____	<u>45.00</u>
		Difference Between Need and Income _____	<u>80.20</u>
		Amount of Aid Recommended _____	<u>80.20</u>
TOTAL INCOME..... <u>\$45.00</u>			

Computed By Mary Jones Date February 25, 1951

- (1) If home owned with others this is the recipient's share of ownership costs plus the occupancy value, if any.  
(2) Enter recipient's share if others in household.  
(3) Enter the amount of the excess, except when the excess exceeds the maximum enter the maximum.



T-22  
(H)-2

Certified as           gulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Hatfield  
(Signature)

Director  
(Title)

3-28-57  
(Date)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14

March 22, 1951

FILED  
In the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 456 (Fiscal)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

MAR 29 1951  
At 1:50 P M.  
FRANK M. JORDAN, Secretary of State  
By *Edmund J. Sayat* Deputy

Subject: Procedure for Allocation and  
claiming of County Administrative  
Expenditures

Beginning with the claim for the month of April 1951, the procedure for allocation and claiming of administrative expenditures for all programs administered by county welfare departments and other agencies shall be as follows:

I. ALLOCATION OF EXPENDITURES AS TO PROGRAM

Expenditures are allocable to county welfare programs in accordance with the procedures prescribed in Sections 645-71, 645-76, 645-81 and 645-96 of the SDSW Manual of Policies and Procedures except that:

1. Paragraph 5a of Manual Section 645-71, Rules for Allocating Administrative Expense is hereby rescinded.
2. It is required that the programs be charged in reasonable proportion to the benefits received by each. If expenditures charged as joint or overall will result in the allocation of charges to programs not in reasonable proportion to the benefit to such programs, then such expenditures shall be costed to program as direct charges. Any method for costing such charges which will result in a reasonably accurate distribution to program is acceptable.

Example: A joint charge of \$100.00 for telegrams is made to Programs A, B, C and L, resulting in a distribution of \$50.00 to A; \$10.00 to B; \$20.00 to C; and \$20.00 to L. Actually, however, Program L received \$70.00 benefit. Therefore, the joint charge is incorrect. The \$100.00 for telegrams should have been costed to program directly. In this instance, they probably should have been costed to program as dispatched.

II. ALLOCATION OF EXPENDITURES AS TO MONTH

It is no longer necessary to allocate all expenditures to the particular prior month benefited. All overall charges may be reported on the claim for the current month regardless of the month (or the programs involved) which received the benefit of the expenditure. Furthermore, all direct or joint charges may be allocated to the month of claim except as follows:



1. Direct charges to the Licensing or Inspection Programs for Aged and Children's Boarding Homes, or joint charges including these two programs, shall be allocated to the month which received the benefit of the expenditure.

Example: In the claim for May 1951, rent amounting to \$150 is included for the month of March 1951, chargeable jointly to ANC, BHA and BHC. Allocate to March 1951.

2. Direct charges to the Adoption and Child Welfare Services Programs and joint charges including either or both of them shall be allocated to a month in the fiscal year which received the benefit of expenditure. If such charges to be reported for a fiscal year involve more than one month in that fiscal year, the charges may be allocated to the latest month affected.

Example: In the claim for July 1951, salaries or wages chargeable directly to the Adoption Program are claimed for April and May of 1951. Allocate to May 1951.

3. Direct charges to the OAS and ANB Programs and joint charges including OAS and/or ANB benefiting months prior to July 1950 shall be allocated to a month in whichever of the following periods is applicable:

March 1, 1950 through June 30, 1950  
December 1, 1948 through February 28, 1950

If such direct or joint charges to be reported for either of the above periods affect more than one month in the period, the charges may be allocated to the latest month affected.

Example: In the claim for April 1951, retroactive salaries and wages are claimed for May and June 1950 chargeable directly to the OAS or ANB Programs or jointly to both of them, or jointly to several programs including OAS and/or ANB. Allocate to June 1950.

4. In any event, if in allocating expenditures to a prior month, a particular joint distribution results in allocation of amounts less than \$1.00 to BHA, BHC, AD, or CWS, the charge may be treated on a cash flow basis allocable to the current month.
5. The third paragraph, including Items 1, 2, 3, 4 and 5 of Manual Section 645-96, Reporting Cost of Administration, is hereby rescinded.

### III. REVISED RULES FOR SUBMISSION OF BOARDING HOME LICENSING AND INSPECTION CLAIMS

1. Forms BHA 30.1 and BHC 30.1 License, revised August 1946, are no longer to be submitted to the SDSW. These license forms are to be retained instead in the files of the local county or city agency, subject to inspection or audit by SDSW field staff. This supersedes the following statement in Paragraph 2 of Section V-480 of the Manual of Boarding Homes for Aged and Children "and one duplicate copy of the license duly signed shall be sent to the SDSW Sacramento".

2. Form BH 82, Notice of Discontinuance (revised May 1948) is obsolete and shall no longer be submitted.
3. Form BH 83, Detail Claim, is obsolete and shall no longer be submitted.
4. In lieu of submission of the above forms, County Welfare Departments administering the BHA and BHC programs shall complete Sections X, Y and Z of Part II of Form DFA 64, Administrative Expenditures Worksheet. Agencies not within county welfare departments shall use forms prescribed in Section I V, Paragraph 3 below. Adequate controls shall be established and maintained by all agencies to assure the accuracy of Aged and Children Boarding Home License Credits claimed.

#### IV. CLAIM FORMS REQUIRED

1. For county welfare departments the following claim forms revised as of April 1, 1951, shall be submitted in quadruplicate:

Form DFA 222, Administrative Expenditures Affidavit - All Programs  
 Form DFA 64, Administrative Expenditures Worksheet, Parts I and II

Specific instructions for the preparation and use of these forms are given on the reverse side of each and are hereby made a part of these procedures. (See Samples Attached). The following forms previously used for claiming administrative expenditures by county welfare departments are obsolete and shall not be used by county welfare departments to report expenditures after the March 1951 claims. All references to these forms are to be deleted from the specified Manual Sections:

ABC 807	-	Administrative Expenditure Affidavit	
		645-39	
DFA 64	-	Worksheet Salaries and Wages Only (prior to April 1951 revision)	
		645-26	646-99
		646-80	IX-305
DFA 64A	-	Worksheet for M & O and Capital Outlay	
		645-16	645-27    645-66    646-99
		645-17	645-37    645-71    IX-305
		645-23	645-39    646-80    IX-400
		645-26	
DFA 64B	-	Summary of Employees paid less than full Monthly Salary	
		645-50	
		646-80	
		646-99	
BHA 80	-	Affidavit, Aged Boarding Homes	
		646-80	IX-350
		IX-305	IX-400
		IX-330	
BHC 80	-	Affidavit, Childrens Boarding Homes	
		646-80	IX-350
		IX-305	IX-400
		IX-330	
BH 82	-	Notice of Discontinuance BHA and BHC	
		IX-350	
		IX-400	



BH 83 - Detail Claim, BHA and BHC  
           IX-350  
           IX-400  
 AD 807 - Affidavit. Adoption Administrative Expense  
           646-80  
 CWS 1 - Affidavit. Child Welfare Services  
           800-60  
           800-65  
           800-99

The reference to Form AD 807 in Sections 2815-00 and 2850-00 are obsolete insofar as county welfare departments are concerned.

References to Forms Ag, Bl, Ca 807 shall be deleted from the following Manual Sections:

646-80  
 646-99  
 645-27

References to Forms BHA 82 and BHC 82 shall be deleted from Section IX-330.

2. When direct or joint charges, according to the rules contained in Section II of this Bulletin, are allocable to a prior month, or months, a separate set of Forms DFA 64, shall be properly prepared and submitted for each prior month involved except that if a small volume permits, several prior months may be reported on one set of forms provided the charges to such prior months are properly segregated as to month and category of expenditure. Under the rules stated in Section II, items required to be allocated to prior months should be few in number. Form DFA 64, submitted for the current month of claim shall include only charges which, according to the rules in Section II, have been allocated to the current month.

The allocation to program of any joint charges, including joint charges for salaries and wages for any prior month shall be based on the total salary and wage distribution determined at the time the claim for that month was originally submitted, or as modified by state audit of the claim.

3. Agencies other than county welfare departments who are licensed or accredited to administer adoption or boarding home licensing and inspection programs for aged and children shall not use the forms specified in Paragraph 1 of this section, but shall use instead the following forms, submitted in the number of copies indicated:

For Adoption Administrative Expenditure Claims:

Form AD 807, Affidavit (Revised April 1, 1951) in quadruplicate  
 Form DFA 64 C, Work Sheet (Revised April 1, 1951) in quadruplicate

For Aged or Children Boarding Home Licensing and Inspection Claims:

Form BH 80 Affidavit (Revised April 1, 1951) in quadruplicate  
Form DFA 64 C, Work Sheet (Revised April 1, 1951) in quadruplicate

Department Bulletins 360, 360B and 424 are hereby rescinded.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Attachment



Compiled by \_\_\_\_\_

## PART I - ADMINISTRATIVE EXPENDITURES WORKSHEET

PAGE \_\_\_\_\_ OF \_\_\_\_\_

For All Programs and Categories of Expenditure. See Instructions on Reverse Side.

COUNTY \_\_\_\_\_

County Agency \_\_\_\_\_

MONTH \_\_\_\_\_, 195\_\_

A	B	C-1	C-2	D	E	F	G	H	J	K	L	N		O	P
Old Age Security	Aid to Needy Blind	Aid to Needy Children Federal Program	Aid to Needy Children Non- Federal		Aid to Partially Self- supporting Blind	Child Welfare Services (Complete Sec. V Part II)	Adoptions (Complete Sec. W Part II)	Aged BHL & I (Complete Sec. X Part II)	Children BHL & I (Complete Sec. Y Part II)	County General Relief	Other County Welfare Programs	Joint Charges to Program		Overall Charges	Total Allocable Expenditures (Sum of Cols. A thru O)
												Indicate Programs by Col. Letters A thru L	Amount of Joint Charges		
1															1
2															2
3															3
4															
5															
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# INSTRUCTIONS FOR COMPLETION OF FORM DFA 64, ADMINISTRATIVE EXPENDITURES WORKSHEET, PART I

## 1. Explanation of use of new forms.

Instead of four types of worksheets as formerly (DFA 64, 64A, 64B and 64E) there is now only the one form for county welfare departments. This one form consists of parts I and II. The same form is used for Salaries and Wages, Maintenance and Operation, Capital Outlay and Services of other county agencies. It is also used when allocation to prior months is required. However, it is necessary to segregate all expenditures according to category under their respective headings. This may be done by using a separate set of forms or, if a small volume permits, one set of forms may be used for all categories provided each category is properly segregated and labeled.

It is also necessary to use a separate set of forms whenever expenditures for prior months are to be reported. Prior month expenditures must not be co-mingled with expenditures reported for the current month of claim. However, expenditures for several prior months may be listed on one set of forms provided they are clearly segregated and labeled as to the month to which each applies.

In the headings of Parts I and II enter the total number of pages, the number of each page, the county, the month, the name of the employee preparing the forms and the county agency in which employed.

## 2. Completion of Columns A through P, Part I.

### Columns A through L Charges to Programs.

Enter all direct charges to program in Columns A through L.

### Column N Joint Charges

Enter all Joint Charges in Column N (2 columns). In the first column indicate the programs involved for each joint combination by the program column letters A through L as applicable. Enter the totals for each joint charge in the second column under N.

### Column O Overall Charges

Enter all overall charges in Column O.

### Column P Total Allocable Expenditures.

Enter in Column P the total of all direct joint and overall charges. Do not include extraneous expenditures in Column P totals.

## 3. Procedure for Distribution of Joint and Overall Charges to Programs.

### a) Sequence of distribution.

- 1) The total of Direct Salaries and Wages for each program is first determined.
- 2) All Joint Salary and Wages charges are then distributed to program on the basis of total direct Salaries and Wages.
- 3) The total overall Salary and Wage charge is then distributed to program on the basis of combined direct and joint distribution.
- 4) Joint charges for Maintenance and Operation, Capital Outlay and Services of Other Agencies are then distributed to program on the basis of the combined total of the direct, joint and overall Salaries and Wages for the programs included in each joint group. Overall charges for these categories are distributed to program on the basis of the combined total of the direct joint and overall Salaries and Wages for all programs A through L.

### b) Method of Distribution

Distribution to program is accomplished by the computation and application of percentage ratios.

A separate ratio is required for each of the following:

- 1) Each different joint Salary and Wage combination
- 2) The total of overall Salary and Wage charge
- 3) Each different joint Maintenance and Operation combination
- 4) The total overall Maintenance and Operation charge
- 5) Each different joint Capital Outlay combination
- 6) The total overall Capital Outlay charge
- 7) Each different joint SOCA combination
- 8) The total overall SOCA charge

Note: Most SOCA charges are made directly to program on the basis of unit costs.

## c) Computation of Ratios

- 1) For Joint Charges: Divide the total joint charge for each joint group by the sum of the total distributed salaries and wages of each program in the joint group. The result is the ratio for that joint charge. Multiply this ratio separately by the total distributed Salary and Wage charge for each program in the joint group. The result of each multiplication will be the amount of the joint charge to allocate to each particular program in the joint group.

Example: Programs A, B, C and E have total direct, joint and overall Salary and Wages of \$3,000, \$300, \$1,000 and \$700 respectively or a total of \$5,000 for the group. A joint charge for Maintenance and Operation allocable to this group is \$300.  
 $\$300 \div 5000 = .06$ , the ratio for that group.

.06	x	\$3,000	=	\$180	allocable to Program A
.06	x	300	=	18	allocable to Program B
.06	x	1,000	=	60	allocable to Program C
.06	x	700	=	42	allocable to Program E

Total Joint Charge \$300 - allocated

Percentage ratios should be carried a sufficient number of digits to the right of the decimal to insure correct distribution of charges.

- 2) For overall charges: Divide the particular overall charge to be allocated, by the sum of the total distributed Salaries and Wages for all programs. The result is the ratio for that overall charge. Multiply this ratio separately by the Salary and Wage charge distributed to each program, Columns A through L. The result of each multiplication will be the amount of the overall charge to allocate to each of the welfare programs, A through L. The principle here is the same as for joint charges except that all welfare programs are affected instead of only two or more but not all, as in a joint group.

## d) Recording of Ratios

To facilitate recomputation of joint and overall allocations by county personnel as well as by State and Federal auditors, the ratios obtained for each joint and overall charge shall be entered opposite that charge on the worksheet. For joint charges the ratio may be entered in Column O and for overall charges in Column N since the space in those columns will be otherwise blank. The ratios should however, be circled or parenthesized to avoid confusion with joint or overall charges included in those columns.

- e) Entries on the worksheets making distributions of joint and overall charges shall be at least double spaced to permit any necessary state corrections to be entered above the county computations. Triple spacing of such distributions is preferable.



## PART II - ADMINISTRATIVE EXPENDITURES WORKSHEET

Compiled by \_\_\_\_\_

For All Programs and Categories of Expenditure. See Instructions on Reverse Side.

COUNTY \_\_\_\_\_

County Agency \_\_\_\_\_

MONTH \_\_\_\_\_, 195 \_\_\_\_\_

Q	R		S. Description of Expenditures	T	U. Data for Employees Paid Less than Full Month's Salary					V. CWS - Data Supplemental to Col. G			
Extra- neous Amounts (Omit from Col. P)	County Warrant or Other Expenditure Document		List each category on separate sheets or under separate headings on same sheet. Begin each category with appropriate heading as Salaries & Wages, Maintenance and Operation, Capital Outlay or Services of Other County Agencies - See Instructions	Amount of Gross Salaries Paid	Dates Employed During Month		No. of Days Paid	No. of Days Full Mon.	Rate of Pay for Full Month	Explanation  (Reasons for Payment of less than Full Monthly Salary)	Percentages Per Contract		
	Number	Date			Employee	Classif.					Percent		
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			2										
			3										
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W. Adoption Program - Col. H.			
Budget Agreement Data	This F.Y.	Prior F.	
Adoption Budget For Full Year			
Amounts Previously Claimed and Allowed			
Remainder Unclaimed Prior to this Claim			
X. Aged Boarding Home License Credits			
Indicate Months →	Current Month		
Licenses Valid 1st Day of Prev. Mo.			
Add New Licenses Since Issued			
Deduct Licenses Since Terminated			
Add or Subtract Adjustments *			
Licenses Valid 1st Day of Month			
Y. Children Boarding Home License Credits			
Indicate Months →	Current Month		
Licenses Valid 1st Day of Prev. Mo.			
Add New Licenses Since Issued			
Deduct Licenses Since Terminated			
Add or Subtract Adjustments *			
Licenses Valid 1st Day of Month			
Z.* Explanation of Adjustments Cols. X or Y.			



## INSTRUCTIONS FOR COMPLETION OF FORM DFA 64, ADMINISTRATIVE EXPENDITURES WORKSHEET, PART II

### Column Q Extraneous Amounts.

Enter in Column R (Part II) all extraneous expenditures (taxes etc.)

### Column R County Warrant or other Document Number and Date.

Enter in Column S (2 columns) the number and date of the county warrant for each expenditure reported. If the expenditure is by intra-county billing enter the number and date of the purchase order or requisition number. If there is neither a warrant, purchase order or requisition or some other document designation, then the expenditure is not claimable unless there is a special approval by the SDSW. In such cases state "SDSW letter" in the number column and date of such letter in the date column.

### Column S Description of Expenditures.

Care shall be taken that all expenditures are properly and adequately described. Expenditures shall be grouped as to category. Each category shall be treated in Column S as follows:

#### Salary and Wages Expenditures (S&W).

In reporting salaries and wages for all Merit System counties the names of each welfare department employee for whom salaries or wages are claimed shall be given, grouped according to merit system classification title. For Civil Service counties it is necessary to list the names of individual employees only upon specific request of SDSW except that employees for which salaries are claimed in the Adoption or Child Welfare Services programs shall always be individually listed. It is sufficient to list each separate Civil Service classification, indicating the number of employees claimed for each classification. Only Welfare Department Salaries and Wages shall be listed under this category. Salaries or Wages claimed for other county agencies are treated in the category: Services of other County Agencies.

#### Maintenance and Operation (M&O).

In this category shall be included all expenditures from the Welfare Department appropriation for materials, supplies and services, including amounts amortized for repairs and alterations or for purchase or construction of buildings, travel and communication expenditures, equipment and building operation costs including rentals, maintenance, upkeep and repair, addressograph plates, dictaphone cylinders, forms, periodicals, books, small equipment costing less than \$5.00 and any other expenditures not properly classified in one of the three other categories (S&W, CO and SOCA).

It is essential that each item be adequately described in Column T. Giving the vendors names is not sufficient. Include also the nature of the expenditure e.g., rental for typewriter, typewriter service, auto maintenance, building rental (give address), fuel, telephone, telegraph, travel expense, office forms, office supplies, janitor supplies, power, light, water, etc. When claiming monthly amortization for Repairs and Alterations or Building Purchase or Construction, the amounts shall be segregated by project approval by SDSW and the SDSW approval letter date shall be given for each item.

#### Capital Outlay (CO)

Include in this category only expenditures for removable equipment such as office furniture and fixtures, office machinery, automobiles and trucks. Do not include equipment items of an individual cost of \$5.00 or less. Do not include expenditures for permanent additions to real property which become a part of the real property and are not removable upon termination of lease or change of quarters in a county owned building or grounds. Such expenditures, if they amount to \$100.00 or less, shall be classed as Maintenance and Operation. If greater than \$100.00, prior SDSW approval is required.

Each item of Capital Outlay shall be adequately described. Give name of article such as table, chair, typewriter, addressograph, automobile, etc., and state the quantity of each article. Indicate also the make, type, style and serial number, if any. If county inventory number system is used, state the county inventory number.

#### Services of Other County Agencies (SOCA).

Enter in this category all expenditures for goods, facilities or services, from appropriations of other county agencies that have been given prior written approval by SDSW. Capital Outlay expenditures from other than the Welfare appropriation may not be claimed.

Describe each item adequately and state the date of the SDSW approval letter.

### Column T

Enter for each employee (merit system counties only) listed in Column S the gross amount of salary paid for the month.

### Section U - Data for Employees Paid Less than Full Monthly Salary.

This group of columns replaces former Form DFA 64B and is to be used by all Merit System counties whenever less than a full month's salary is reported for one or more employees. Enter data only for those employees paid less than the monthly rate.

### Section V - Child Welfare Services - Supplemental Data.

This column replaces that required on former Form CWS 1, affidavit. Enter the names, position, classifications and percentages federally reimbursable according to applicable CWS contracts. Prior fiscal year entries need be made only if expenditures are claimed currently applicable to a prior year.

### Section W - Adoption Program

Enter for the current fiscal year the amount of the budget agreed upon with SDSW, the amount already encumbered by prior claims and the amount unencumbered prior to application of the current months' claim.

Corresponding entries for the prior fiscal year need be entered only if the current months' claim includes an amount allocable to a prior year.

### Sections X and Y - Boarding Home License Credits.

Enter in the left column for the current month of claim in Section X for BHA and Section Y for BHC (1) the number of valid licenses in effect on the first day of the previous month, (2) the number of new licenses issued since the first day of the previous month, (3) the number of licenses terminated since the first day of the previous month, (4) any adjustment to correct the number of licenses reported on the previous month's claim, (this correction might be either an addition or a subtraction and might arise from an error reflected in a state claim correction letter or from an error discovered by county personnel), and (5) the number of valid licenses in effect on the first day of the current month. Entries need be made in the other columns (for prior months) only (1) if there is an adjustment in number of valid licenses to be reported for some prior month (2) if the current months' claim includes expenditures for BHA or BHC allocable to some prior month. If either (1) or (2) for BHA or BHC indicate the month and year at the head of each column required to be completed.

### Section Z.

Enter here an explanation of any adjustment in number of licenses for BHA or BHC included in Sections X or Y.



## ALL COUNTY WELFARE PROGRAMS

COUNTY \_\_\_\_\_

MONTH \_\_\_\_\_, 195\_\_\_\_\_

Prepared by \_\_\_\_\_, Co. Agency \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
County Welfare Programs	Welfare Salaries and Wages	Maintenance and Operation	Capital Outlay	Services of Other Agencies	Total Expenditures	Non-Federal Expenditures	Federally Reimbursable Expenditures	Federal Shares	State Shares	County Shares	For State Use Only
A Old Age Security - All Periods											
B Aid to Needy Blind - All Periods											
C Aid to Needy Children - All Periods											
D											
E Aid to Partially Self-Supporting Blind Residents - All Periods											
F Child Welfare Services Current Fiscal Year											
Child Welfare Services Prior Fiscal Year											
G Adoptions - Current Fiscal Year											
Adoptions - Prior Fiscal Year											
H Aged Boarding Home Lic. & Insp. - Current Fiscal Year											
Aged Boarding Home Lic. & Insp. - Prior Fiscal Year											
J Children Boarding Home Lic. & Insp. - Current Fiscal Year											
Children Boarding Home Lic. & Insp. - Prior Fiscal Year											
K County General Relief - All Periods											
L Other County Welfare Programs - All Periods											
P Total Administrative Expenditures Reported This Mo. for all Periods											

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_

(ss)

I, \_\_\_\_\_ being duly sworn, depose and say: That I am the official responsible for the administration of the above stated programs in and for said County; That I have not violated any of the provisions of Sections 1090 to 1097 inclusive of the Government Code; That the amounts claimed herein have been expended and are properly chargeable as expenditures for Administration to the program specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Social Welfare Board.

Subscribed and Sworn

to Before me this \_\_\_\_\_ Day of \_\_\_\_\_, 195\_\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR

TITLE \_\_\_\_\_

I hereby certify that I am the official in aforesaid county responsible for the examination and settlement of accounts; That the expenditures claimed herein have been authorized by the Board of Supervisors and that warrants therefor have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY



## DIRECTIONS FOR PREPARATION AND SUBMISSION OF FORM DFA 222, AFFIDAVIT

### 1. Number of Forms Required

Mail original and three copies to State Department of Social Welfare, 616 K Street, Sacramento 14, Attention Bureau of County Claims. Claims are to be mailed to Sacramento not later than the 10th of the month following the month of claim. The original and three copies of necessary forms DFA 64, Administrative Expenditures Worksheet, Parts I and II shall be mailed with the affidavits. In the affidavit heading enter the name of the county, the month and year, the name of the county employee preparing the forms and the name of the county agency in which employed.

### 2. Distribution of Expenditures and Shares

Distribution of all joint and overall shares on the worksheets (DFA 64, Part I) must be completed and worksheet totals proved before entries are transferred to the affidavit. The data assembled for the current month, as well as for any prior months is then transferred to the affidavit, columns 1 through 11, the entries being made on Lines A through P, according to program as applicable. Entries shall be typed on the affidavit just above and close to the ruled lines in each column to leave space for the state to make any necessary corrections immediately above the county figures. Use of a typewriter with elite type is recommended.

#### Column 1, County Welfare Programs

If there are any expenditures to be reported for programs on Lines F, G, H or J which are allocable according to established rules to months which are in prior fiscal years, state the prior fiscal year in Column 1 on the appropriate lines.

#### Columns 2, 3, 4, 5 and 6, Expenditures According to Category

Enter amounts in columns 2, 3 and 4 on the appropriate lines according to program from data on the worksheets, amounts of all welfare department salaries and wages, maintenance and operation, and capital outlay. Enter in column 5 all expenditures to be reported for services of other county agencies. Enter the total expenditures for each line, A through P in column 6.

#### Column 7 - Non-Federal Expenditures

From the totals in Column 6, enter in Column 7 for each line all expenditures which are not subject to Federal participation. These are ANC-BH&I, APSB, that part of CWS not reimbursable according to contract and all of the remaining programs G through L.

#### Column 8, Federally Reimbursable Expenditures

Enter in lines A and B the amounts shown in column 6. Enter on line C the amount shown in column 6 less the amount in column 7. For line F enter amounts for both current and prior fiscal year shown in column 6 after deducting amounts for those lines entered in column 7 as not reimbursable according to applicable CWS contracts.

#### Column 9, Federal Shares

For lines A, B and C enter one half of the amounts stated for those lines in Column 8. For line F, both current and prior enter the full amounts stated in column 8.

#### Column 10, State Shares

For lines A and B enter one-half of any expenditures for OAS and ANB reported on the worksheets as allocable to months prior to July 1, 1950. For line G, both current and prior, enter the full amount in column 6 for those lines unless limited by adoption budget agreements as set forth in Part II, Section W of the worksheet.

For lines H and J, enter separately by current and prior fiscal years, the amounts shown in Column 6 but not to exceed \$4 times the number of valid licenses for each month involved as reported in Sections X and Y of Form DFA 64, Part II.

#### Column 11, County Shares

Enter for each line, A through L, the differences between the amounts shown in column 6 and the Federal and State shares in columns 9 and 10.

#### Column 12, For State Use Only

Do not make any entries.

3. Enter on line P for all columns the totals of lines A through L. Check additions and subtractions on all lines and totals on line P to assure accuracy of all entries. The totals on line P, columns 2, 3, 4, 5 and 6 should agree with the sum of the total expenditures for each category as reported in column P, Part I, of the worksheet for the current month plus any prior month allocations.

Note: While the rules on allocation as to month require that on Form DFA 64 worksheet, certain types of joint charges are to be segregated for certain programs thus similarly segregating by month charges to programs that do not ordinarily require segregation, these latter are to be segregated on the affidavit only as to fiscal year for CWS, AD, BHA and BHC.

Example: A joint charge to OAS, ANC, ANC-BH&I, AD and BHC may be required by the rules to be allocated to some month in a prior fiscal year. The AD and BHC amounts so allocated are reported on the affidavit for the prior fiscal year involved. The OAS amount is simply included with the amount for the current month on line A. The ANC and ANC-BH&I amounts are combined and added to the current month amounts for those programs and entered on line C. The ANC-BH&I amount must, however be considered in completing columns 7 and 8 to determine Federal participation in the total ANC amount.

### 4. Signatures on the Affidavit

The sworn statement on the form shall be completed for each copy by affixing the personal signature (not facsimile) of the County Welfare Director, properly attested by the County Clerk, a Deputy County Clerk or a Notary Public. The certification by the County Auditor shall be completed by affixing the personal signature (not facsimile) of the County Auditor or in his absence, of the Deputy Auditor authorized to act in his stead.



Certified as a Regulation (or  
Regulations of the

Department of Social Welfare  
(Name of State Agency)

Charles S. Schaefer  
(Signature)

Director  
(Title)

3-28-51  
(Date)

T-23  
CH-1

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
March 20, 1951

FILED  
in the Office of the Secretary of State  
of the State of California

DEPARTMENT BULLETIN NO. 455 (FISCAL)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

MAR 29 1951

At 1:50 P. M.  
FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

Subject: Reporting of Repayments of Aid -  
All Programs, Return of Erroneous  
Repayments, OAS-SB Article XXV  
Period

Department Bulletin Number 410 and Manual Section 674-10 are hereby rescinded.

A. Repayments of Aid, Applicable to All Periods

Effective with the claims for the month of April 1951, repayments of aid for all periods and for all programs shall be reported on the respective claim in accordance with paragraphs 3 and 4 of Section B of Department Bulletin Number 423, issued July 13, 1950, except that the last sentence of paragraph 3 (a) of Section B of that bulletin is hereby rescinded. Repayments of OAS and SB applicable to the Article XXV Period (January 1, 1949, through February 28, 1950) shall be reported on the claims in the same manner as all other repayments applicable to the period beginning October 1, 1948 (current Federal formula period). Repayments applicable to the Article XXV Period are however, all to be treated as non-county cases since there was no county share in OAS or SB during that period.

B. Return of Erroneous Repayments of Aid, Excepting for OAS and SB - Article XXV Period

Excepting for such returns of OAS and SB, applicable to the Article XXV Period, the following instructions shall apply:

If the erroneous repayment was not previously reported to the SDSW on a Schedule of Repayments (Form ABC 803) or as a contra item on the payroll (Form AB 801, CA 801, or CA 801, BHI) in a previous month's claim, the return of the erroneous repayment need not be reported to the SDSW; but all pertinent facts surrounding the return shall be incorporated in the county case record.

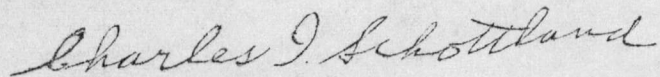
If the erroneous repayment has already been reported to the SDSW, the county shall report the return of the erroneous repayment on a current claim in the same manner as any other aid payment for prior months is reported.



C. Return of Erroneous Repayments of OAS and SB - Article XXV Period

If any requests are filed by recipients or former recipients of Old Age Security or Security for the Blind for the return of erroneous repayments applying to the Article XXV Period (1/1/49 through 2/28/50), the Bureau of County Claims of the State Department of Social Welfare, 616 K Street, Sacramento, is to be contacted for instructions as to how such requests are to be processed. Complete information should be provided at the time of referral. This procedure applies to all counties.

Very sincerely yours,

A handwritten signature in cursive script that reads "Charles I. Schottland".

Charles I. Schottland  
Director

MAIN OFFICE  
SACRAMENTO  
GILBERT 2-4711  
616 K STREET

14

LOS ANGELES OFFICE  
MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET

12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET

2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
April 30, 1951

T- 22  
CH- 2  
  
IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare with Manual Letter No. 150.

These regulations were adopted by the State Social Welfare Board on April 27, 1951, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

APR 30 1951

At 3 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Edmund G. Sargent* Deputy



Certified as a      ulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles L. Shattuck  
(Signature)

Director  
(Title)

4-30-57  
(Date)

Sacramento 14  
May 4, 1951

MANUAL LETTER NO. 150

The attached revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Real Property	Revisions 91 through 94
Relatives	Revisions 50 and 51

These revisions were adopted by the Social Welfare Board on April 27, 1951, and are effective June 1, 1951.

Secs. 135-00 and 135-25 have been revised to incorporate new policy governing transfer of real property to avoid utilization.

Sec. 171-70, as revised includes policy governing use of Form Ag 226. It also includes policy with respect to determination of liability of a responsible relative who is foregoing income in providing free rent to an applicant or recipient.

The following department bulletins are obsolete:

414  
421  
430C  
445  
453



An applicant who transfers real property for the purpose of reducing the net assessed valuation of remaining holdings within the statutory maximum renders himself ineligible for aid. Likewise one who owns property within that limitation and who transfers all or a portion of it in order to avoid utilization of the resource renders himself ineligible.

It is the responsibility of the applicant or recipient, insofar as he is able, to give information to assist the county in determining whether a transfer was made for the purpose of qualifying for aid, or for a greater amount of aid than that to which he would otherwise be entitled.

Should the property which was transferred, and which caused ineligibility, be reconveyed to the grantor, or should he receive reasonably adequate consideration for it subsequent to its transfer, the condition which caused ineligibility would no longer exist. Upon such a determination aid shall be granted provided eligibility otherwise exists.

A transfer of real property subject to the conditions that the grantee will provide full support for the grantor for the remainder of his life, renders the grantor ineligible as he has entered into a contract for life care. If an enforceable contract of this nature provides for less than full support, the value of the support provided shall be considered income.

I. Transfer for Purpose of Reducing Remaining Holdings Within Statutory Maximum

The facts surrounding real property transfers within two years prior to application for aid which resulted in the net assessed value of remaining holdings being reduced within the statutory maximum shall be examined and weighed. (See Sec. 135-70, Determination of Reason for Voluntary Transfer of Property) Such transfers shall be considered as having been made for purpose of qualifying for aid, or for a greater amount of aid, if the circumstances under which transfer occurred do not support the applicant's contention that there was no intent to qualify. If real property was transferred more than two years preceding the date of application, it is the presumption that the transfer was made in good faith and not for purpose of qualifying for aid.

(b)

II. Transfer For Purpose of Avoiding Utilization Requirement

Even though net county assessed value of property owned by an applicant or recipient is within the statutory maximum, a transfer of all or a portion of such property renders the person ineligible if the transfer was made:

1. To avoid utilization of the property to meet current needs, or
2. To safeguard his future eligibility status by divesting himself of proceeds which he would receive if the property were to be sold.

It is necessary, therefore, that property transfers occurring within the two years prior to the date of application, or since June 30, 1950, whichever is the later date, shall be examined and weighed. (W&IC 2140, 2160g; 20 Cal (2d) 865)

- (a) To incorporate new policy governing transfer of property to avoid utilization.

The period of ineligibility following transfer of real property for the purpose of reducing remaining holdings within the statutory maximum, or for purpose of avoiding utilization of property within that limitation, begins the first day of the month following that in which such property was transferred.

The period of ineligibility following transfer of property in order to reduce remaining holdings within the statutory maximum, or for the purpose of avoiding utilization of property within that limitation, shall not be extended because of income received during that period.

Aid paid to a recipient during the period of ineligibility shall not be considered in determining the period of ineligibility. Demand shall be made for repayment of all aid granted during such period. (See Sec. 671-25, Demand for Repayment)

The duration of the period of ineligibility shall be based upon the period that a reasonable return for the grantor's equity in the property, had it been sold, would have supported the grantor and those dependent upon him. The following scale shall be used to determine the monthly maintenance allowance for an individual with, and without, dependents:

(a)

One person	\$150
One person with one dependent	200
One person with two dependents	250

The maintenance figure shall be increased by \$50 for each additional dependent.

I. Transfer for Purpose of Reducing Remaining Holdings Within the Statutory Maximum

If the facts establish that an applicant transferred real property for the purpose of reducing remaining holdings within the statutory maximum, the period of ineligibility shall be determined as follows:

1. Determine the estimated net market value of the transferred property at the time the transfer occurred. Net market value if the market value less the encumbrance, if any, at the time of transfer. If it is not possible to secure an estimate of the market value at that time, use that figure which represents double the assessed value at the time the transfer was made.
2. Divide the net market value of the transferred property by the appropriate monthly maintenance allowance, and adjust the result to the nearer whole number.

Example 1: An applicant having one dependent transferred an un-encumbered parcel of property assessed at \$1000 last April 6th, thereby reducing the net assessed value of remaining holdings to \$2900. The estimated market value of the transferred parcel was \$2100 at the time of transfer. The appropriate maintenance figure is \$200 and the period of ineligibility is 10.5 (\$2100 divided by \$200) or 11 months. The period of ineligibility, figured from May 1 (the first of the month following that in which the transfer occurred) expires March 31 of the following year.

(a) To incorporate new policy governing the duration of ineligibility due to transfer of property.



Two or more transfers may have occurred on different dates the combined total of which reduced remaining holdings within the maximum. The total estimated net market value of all of the parcels transferred shall be divided by the appropriate monthly maintenance allowance, and the expiration of the period of ineligibility shall be figured from the first of the month following that in which the first transfer occurred.

## II. Transfer For Purpose of Avoiding Utilization Requirement

An applicant or recipient owning real property within the statutory maximum may have transferred certain of the real property in order to avoid utilization of the resource. The period of ineligibility following such a transfer shall be determined in the same manner as specified in Part I, Transfer for Purpose of Reducing Remaining Holdings Within the Statutory Maximum.

(a)

Example 2: A single recipient whose total real property had a net county assessed value of \$1200 gave his son farm property assessed at \$700 on February 1. The estimated market value was \$1550 and there was \$300 owed on a mortgage against the property on February 1. The net market value is \$1250. This amount divided by \$150 (the maintenance figure for one person) is 8.3 or 8 months. The recipient is ineligible for 8 months computed from March 1, or until the following October 31.

(W&IC 2140, 2160(g))

(a) To incorporate new policy governing the duration of ineligibility due to transfer of property.

171-65 LIABILITY OF ADULT CHILD  
OAS

171-65

An adult child's maximum liability for two living parents is the same as for one parent.

The degree of legal responsibility for which recovery action may be initiated for an adult child living in the home of the applicant or recipient shall be measured according to the scale in the same manner as though he were not in the home. Payment of room and board by an adult child does not alter his degree of legal responsibility as this represents an item of expense which must be met regardless of where the child lives.

A married daughter shall not be required to make contributions unless she has separate income in an amount indicating some liability under the scale. When the responsible relative is a married daughter and there is no agreement between the couple whereby the wife is permitted to retain her earnings as her separate property, the earnings of the wife represent the income of the husband since they are under his management and control. Under these circumstances the daughter's liability is removed and she is considered a dependent of her husband. Thus when the responsible relative is a married daughter and the only income is community income of the couple, the daughter is not liable. (W&IC 2140, 2181, 2224; AGO NS863)



## 171-60 LIABILITY OF SPOUSE

171-60

OAS

When a spouse of the applicant or recipient has separate income (as distinguished from community income), such spouse's degree of legal responsibility for support, for which recovery action can be initiated, shall be measured by the scale. Separate income is that received from real or personal property representing the separate property of the owner. It also includes income resulting from employment or military service rendered prior to the present marriage, such as civil and military pensions, except that if the marriage took place during the period the service was rendered the income shall be considered community income.

When spouses enter into an agreement, either oral or written, whereby the applicant or recipient relinquishes his interest in the spouse's earnings, the income of the spouse shall be considered separate income from the date such agreement was made. In the event it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, the income from the spouse's earnings shall be treated as the community income of the couple. (See Sec. 153-80, Division of Income with Spouse)

The extent to which the recipient or applicant is actually in receipt of assistance, either in cash or in kind, from a spouse whose income is separate income, shall be determined on the basis of the contribution actually received. (W&IC 2140, 2181)

171-70 (Continued)

171-70

2. Form Ag 225 shows relative will contribute equal to or more than liability.

The county shall recommend to the board of supervisors the amount of the relative's liability under the Relatives' Contribution Scale.

3. Form Ag 225 shows relative will contribute less than liability.

The Ag 225 may show that the relative will contribute less than his apparent liability, or that he will make no contribution. The county shall notify the relative of the amount he appears able to contribute; also that if he believes he is unable to contribute the specified amount he may submit information regarding circumstances which he believes should be given consideration, such information to be submitted within a specified period, not to exceed 60 days.

Should the relative submit additional information regarding his financial circumstances, the county shall consider unusual circumstances in determining whether, or for what amount, the relative appears liable. Among the circumstances reported by the relative may be the expense to the relative of providing the applicant or recipient with free rent in a separate dwelling, apartment, etc. The value of the contribution in kind may not exceed \$15 insofar as the recipient is concerned. (See Sec. 152-90) However, by providing free rent to the recipient the relative may be foregoing income in a greater amount than the value placed on the contribution in kind to the recipient. In evaluating the amount of the relative's contribution under such circumstances recognition shall be given to the rental income which the property would normally provide rather than the value to the recipient of the free rent provided.

If the relative appears liable, either for the maximum amount specified in the Relatives' Contribution Scale, or for a lesser amount, a recommendation as to the amount of apparent liability shall be made to the board of supervisors not later than the first month following the end of the 60-day period after the notification to the responsible relative. If the relative appears to have no liability, the facts supporting this conclusion shall be recorded in the case record. The name of such relative need not be submitted to the board of supervisors for a finding of liability.

If there is reason to believe the information reported by the relative on Form Ag 226 or Ag 225 is not accurate, the county shall exercise reasonable diligence in investigating further the financial circumstances of the relative before recommendation as to the amount of liability is made. In no case shall an employer of a relative be contacted without first obtaining the consent of the relative involved. (W&IC 2140, 2181, 2224)



171-70 INVESTIGATION OF RESPONSIBLE RELATIVE WITHIN STATE  
OAS

171-70

The county shall determine whether there is, within the state, a spouse or adult child pecuniarily able to contribute to the support of an applicant or recipient. The county may know that a relative is contributing, or have information which indicates ability to contribute. If so, the relative shall be requested to file a sworn statement on Form Ag 225, Statement of Responsible Relative, indicating whether he is in fact contributing, and will contribute to the applicant or recipient, and stating his net income and additional information necessary to determine his degree of liability.

In the absence of information indicating ability of the responsible relative to contribute, or whether he is in fact contributing, the relative shall be requested to complete a statement on Form Ag 226, Preliminary Statement of Responsible Relative. On this form the relative reports whether he is contributing or will contribute, and gives information on which the county can make a preliminary determination of liability or non-liability under the Relatives' Contribution Scale. He certifies that the statements are true and correct. Signature under oath is not required. The relative shall be allowed 15 days from the date of mailing to complete and return Form Ag 226.

Upon return of Form Ag 226 the county shall request the responsible relative to complete Form Ag 225 only if the preliminary statement shows that:

1. The relative is making a contribution, or
2. The information indicates liability or possible liability under the scale.

If Form Ag 226 is not returned within 15 days from the mailing date, there is a presumption of liability and the relative shall immediately be requested to complete Form Ag 225.

If the returned Form Ag 226 indicates that the relative is making no contribution and that there is no liability, it is not necessary to request the relative to complete Form Ag 225. A determination of non-liability may be made by the county welfare department on the basis of information reported on Form Ag 226 and referral to the board of supervisors is not necessary.

If it is necessary to request a relative to complete Form Ag 225, the relative shall be allowed 10 days from the date of mailing if living in the county, or 30 days if living outside the county, to complete and return the sworn statement. The action to be taken in relation to Form Ag 225 which is filed with the county shall be governed by the following:

1. Form Ag 225 shows no liability for support.

In the absence of any information which conflicts with that given by the relative, a determination of non-liability shall be made by the welfare department. Referral to the board of supervisors is not necessary.

(Section Continued on Next Page)

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MICHIGAN 8411  
MIRROR BUILDING  
145 SOUTH SPRING STREET  
12

SAN FRANCISCO OFFICE  
EXBROOK 2-8751  
GRAYSTONE BUILDING  
948 MARKET STREET  
2

T-22  
CH-2

Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
April 30, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State Department of Social Welfare.

### DEPARTMENT BULLETIN NO. 440-B (STAT)

These regulations were approved by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code, Sections 115 and 116 on April 26, 1951, and are being filed in accordance with Section 11380 of the Government Code.

These regulations are to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED  
in the Office of the Secretary of State  
of the State of California

APR 30 1951

At 3 o'clock P.M.  
FRANK M. JORDAN, Secretary of State  
By *John G. ...*  
Deputy



Certified as a 1 relation (or  
Regulations of the

Dept. of Social Welfare  
(Name of State Agency)

Charles J. Shaw  
(Signature)

Director  
(Title)

4-30-51  
(Date)

MANUAL UNIT

1297-1299

CHARLES I. SCHOTTLAND  
SECRETARY OF STATE

204 10.115, 116  
EARL WARREN  
Governor

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

616 K STREET  
SACRAMENTO 14  
April 27, 1951

DEPARTMENT BULLETIN NO. 440-B (STAT)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS  
LOS ANGELES JUVENILE COURT  
SAN FRANCISCO JUVENILE COURT

Subject: Monthly Statistical Report on Effect of  
Changes in Old-Age and Survivors' Insurance  
Provisions on Cases Receiving Public  
Assistance in September 1950 (Form  
Temp 233)

Effective with the report for April 1951, it will no longer  
be necessary to complete Section I, "Cases With Increased OASI  
Benefits," on Form Temp 233.

Counties shall continue reporting, however, on Section II,  
"New Start OASI Cases," until further notice. As indicated in  
Department Bulletin No. 440, Section II covers OAS, ANB and ANC  
cases that received assistance in September 1950 and, in the month  
being reported, began to receive OASI benefits under the new OASI  
eligibility ("New Start") provisions. Cases which began to receive  
public assistance payments after September 1950 are to be excluded.

Portions of Department Bulletin No. 440 covering reporting  
of "Cases With Increased OASI Benefits" (Section I) are hereby  
rescinded.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director



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948 MARKET STREET  
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Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
April 30, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of regulations issued by the State  
Department of Social Welfare.

DEPARTMENT BULLETIN NO. 457-A (OAS, ANB)

These regulations were approved by the State Social Welfare  
Board pursuant to the powers conferred upon it by the Welfare and  
Institutions Code, Sections 2020 and 3025 on April 26, 1951, and are  
being filed in accordance with Section 11380 of the Government Code.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

APR 30 1951

At 3 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Edmund S. Saget*  
Deputy

Certified as a Regulation (or  
Regulations of the

Dept. of Social Welfare  
(Name of State Agency)

Charles J. Schaefer  
(Signature)

Director  
(Title)

4-30-51  
(Date)



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
616 K STREET  
SACRAMENTO 14  
April 27, 1951

DEPARTMENT BULLETIN NO. 457-A (OAS, ANB)

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Determination of Aid  
Payments--Eyeglasses

This bulletin supersedes the provisions of Department Bulletin No. 457 relating to eyeglasses (Item C 9 (h) (2), pg. 10).

Eyeglasses

The actual cost of eyeglasses represents a special need within the maximum allowances set forth below:

Bifocal lenses and frame -- \$20  
Single vision lenses and frame -- \$15

If a recipient already possesses adequate frames, a special allowance shall be made for lenses only. The maximum allowance for bifocal lenses is \$7.50 for each lens, and for single vision lenses, \$5.00 for each lens. If tinted lenses are recommended by a physician or practitioner, the additional cost not to exceed \$2.00 for each lens represents special need.

The actual cost of a refraction shall be allowed up to a maximum of \$10.00.

A special need allowance shall be made for only one pair of glasses, e.g., if reading glasses are recommended, an additional allowance cannot be made for glasses for distance vision, or for sun glasses.

The above maximum allowances do not cover state and city sales tax or carrying charges, if any. These costs, if incurred, shall be added to the above maxima.

Very sincerely yours,

*Charles I. Schottland*

Charles I. Schottland  
Director

Certified a Regulation (or  
Regulations of the

Dept of Social Welfare  
(Name of State Agency)

Charles J. Schenck  
(Signature)

Director  
(Title)

4-30-50  
(Date)



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Earl Warren  
Governor

STATE OF CALIFORNIA

## Department of Social Welfare

CHARLES I. SCHOTTLAND  
DIRECTOR

Sacramento 14  
April 30, 1951

IN REPLY PLEASE REFER  
TO:

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

Dear Mr. Jordan:

Attached are three copies of the following regulations issued by the State Department of Social Welfare:

### BOARDING HOME MANUAL LETTER NO. 21

These regulations were adopted by the State Social Welfare Board on April 27, 1951, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

*Charles I. Schottland*  
Charles I. Schottland  
Director

Attachments

FILED

In the Office of the Secretary of State  
of the State of California

APR 30 1951

At 3:00 P.M.

FRANK M. JORDAN, Secretary of State

By *Chas. J. Sargent*  
Deputy

Sacramento 14  
May 4, 1951

BOARDING HOME MANUAL LETTER NO. 21

The attached revisions numbered 105 and 106 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the Manual cover.

The entire Financial Policies and Procedures Chapter has been rewritten for clarification and to incorporate the revised claiming procedure. The following new sections replace that entire chapter (including the forms at the end of the chapter):

IX - 150	Reimbursement of Administrative Expenditures
IX - 305	Method of Reimbursement
IX - 310	Termination of License
IX - 340	Claiming Procedure
IX - 350	Forms Used in Filing Claims
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*Insert*

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Reimbursement from state funds for certain costs of administration is available to county and city agencies which have entered into written contract with the SDSW pursuant to which the agencies so accredited inspect and license specified types of boarding homes for children or aged persons. Reimbursement of such costs is not available to accredited agencies which inspect but do not license boarding homes. (W&IC 1622, 2302)

(a)

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(a) Clarification



The amount of state reimbursement for aged or children's boarding home inspection and licensing services is based on the amount of expenditures reported on the monthly Administrative Expenditures Worksheet, but cannot exceed the maximum basis for state participation for any given month, which is the number of valid licenses in effect on the first day of that month (license credits) multiplied by \$4.

For purposes of license credits, a license issued or in effect on the first day of the month is considered a valid license for that month even though it may expire or otherwise terminate during the month. A license issued after the first day of the month is not considered a valid license for purposes of claiming reimbursement until the first day of the following month.

#### Examples

1. A license issued on July 1 is reported on the July claim because the license was in effect on the first day of the month.
2. A license issued on July 2 is not reported on the claim until August as the license was not in effect on the first day of July.
3. A license expiring on July 1 is reported on the July claim because the license was in effect on the first day of the month.

(a)

The following examples are given for computing the amounts to be claimed for Aged or Children's Boarding Home expenditures:

4. Total expenditures incurred by the agency for Boarding Home Administration (Amount reported on Administrative Expenditures Worksheet) . . . . . \$500  
Basis for State Participation (Number of valid licenses, 100, times \$4) . . . . . \$400  
Amount due from state funds (Since the actual cost of administration exceeded the Basis for State Participation, only the state basis, \$400, can be claimed) . . . . . \$400
5. Total expenditure incurred by the agency for Boarding Home Administration (Amount reported on Administrative Expenditures Worksheet) . . . . . \$300  
Basis for State Participation (Number of valid licenses, 100, times \$4) . . . . . \$400  
Amount due from state funds (Since \$300 was the actual cost of administration for this program, only \$300 would be allowed from state funds even though the basis for state participation exceeds this amount.) . . . . . \$300

If no expenditures are reported for either or both of these programs on the Administrative Expenditures Worksheet, no reimbursement can be allowed.

(a) Clarification and deletion of references to obsolete forms.

A license credit will not be allowed for any month subsequent to the month in which the license terminated. A license terminates under any of the following conditions:

1. Death of licensee
2. Change of operator. (See Sec. V-630, License Not Transferable.)
3. Change of location. (See Sec. V-640, Change of Address.)
4. Lapse of one year after the date of issuance. (Example: License issued 4/1/50 expires 3/31/51. See Sec. V-440, Effective Date of License.)
5. Change in status of specific person, if license issued for care of specified person only:
  - a. Death of person for whose care license was issued.
  - b. Child specified on license reaches 16th birthday.
  - c. Child specified on license is legally adopted by foster parents; i.e., decree of adoption is granted by the court.  
(See Sec. I-800, Foster Homes for Which License is Not Required, Item B, Adoptive Homes.)
6. Revocation of license. (See Sec. V-700, Revocation of License.)
7. Voluntary relinquishment of license. (See Sec. V-590, Voluntary Discontinuance.)

(a)

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(a) Clarification



Claims for necessary and proper administrative expenditures shall be filed with the SDSW, 616 K Street, Sacramento, by the 10th of the month following the month for which the claim is made. Upon audit of each monthly claim, the SDSW requests the State Controller to draw a warrant payable to the City or County Treasurer in the amount of the audited claim. Both office and field audits of the SDSW may be on a test check basis. All claims approved by the SDSW are subject to later adjustment based upon subsequent audit.

Upon approval of the claim by the SDSW, a claim correction letter is sent to the agency notifying it of any corrections or changes made in the claim as filed. If there are no changes, the claim is approved as filed and notice thereof is sent to the agency subject to field audit.

(a)

Accredited licensing and inspection agencies filing claims for state reimbursement of administrative expenditures shall keep adequate records of the expenditures so claimed, maintained in such a manner as to be readily accessible to state audit.

Copies of Forms BHA 30.1 and BHC 30.1, Licenses, shall be kept on file in the agency subject to inspection or audit by the SDSW. Adequate records shall also be maintained of the number of licenses issued and terminated in support of the license credits stated on each monthly claim.

(a) Revised procedure.

For accredited agencies which are county welfare departments, BHA and BHC claims shall be filed on Form DFA 64, Administrative Expenditures Worksheet, Parts I and II, and Form DFA 222, Administrative Expenditures Affidavit, on the same form with other welfare department administrative expenditures, according to the instructions on the reverse of these forms.

(a)

For city or county agencies which are not county welfare departments, claims shall be filed in quadruplicate on Forms DFA 64C, Administrative Expenditures Worksheet and Form BH 80, Affidavit.

---

(a) Revised forms and procedure



# The Department of Social Welfare

OF THE  
STATE OF CALIFORNIA

## LICENSE

Hereby Issues

No. \_\_\_\_\_

To \_\_\_\_\_

NAME

ADDRESS

TOWN

COUNTY

### To Conduct a Boarding Home for Aged Persons

in accordance with Section 2300, Welfare and Institutions Code of California, and the rules and regulations prescribed by the  
State Department of Social Welfare.

This license authorizes the care of aged persons as follows only:

Number \_\_\_\_\_ Other Limitation \_\_\_\_\_

**LICENSE HOLDER SHALL NOT VIOLATE TERMS OF THIS LICENSE**

**STATE DEPARTMENT OF SOCIAL WELFARE**

Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_

**This license is for above person and address only  
and is not transferable**

\_\_\_\_\_  
*Director*

By \_\_\_\_\_

Name of Accredited Agency

\_\_\_\_\_  
Executive Officer

# The Department of Social Welfare

OF THE  
STATE OF CALIFORNIA

## LICENSE

Hereby Issues

No. \_\_\_\_\_

To \_\_\_\_\_

NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

TOWN

\_\_\_\_\_

COUNTY

## To Conduct a Boarding Home for Children

in accordance with Section 1620 of the Welfare and Institutions Code of California,  
and the rules and standards prescribed by the State Department of Social Welfare.

This license authorizes the care of children within these limitations only:

Number of Children \_\_\_\_\_ Type of Care \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

LICENSE HOLDER SHALL NOT VIOLATE TERMS OF THIS LICENSE

STATE DEPARTMENT OF SOCIAL WELFARE

Date Issued \_\_\_\_\_

\_\_\_\_\_  
*Director*

Date Expires \_\_\_\_\_

By \_\_\_\_\_

Name of Accredited Agency

This license is for above person and address only  
and is not transferable

\_\_\_\_\_

Executive Officer



INSTRUCTIONS FOR COMPLETION OF FORM DFA 64, ADMINISTRATIVE EXPENDITURES WORKSHEET, PART II

Column Q Extraneous Amounts.

Enter in Column Q (Part II) all extraneous expenditures (taxes etc.)

Column R County Warrant or other Document Number and Date.

Enter in Column R (2 columns) the number and date of the county warrant for each expenditure reported. If the expenditure is by intra-county billing enter the number and date of the purchase order or requisition number. If there is neither a warrant, purchase order or requisition or some other document designation, then the expenditure is not claimable unless there is a special approval by the SDSW. In such cases state "SDSW letter" in the number column and date of such letter in the date column.

Column S Description of Expenditures.

Care shall be taken that all expenditures are properly and adequately described.

Expenditures shall be grouped as to category. Each category shall be treated in Column S as follows:

Salary and Wages Expenditures (S&W).

In reporting salaries and wages for all Merit System counties the names of each welfare department employee for whom salaries or wages are claimed shall be given, grouped according to merit system classification title. For Civil Service counties it is necessary to list the names of individual employees only upon specific request of SDSW except that employees for which salaries are claimed in the Adoption or Child Welfare Services programs shall always be individually listed. It is sufficient to list each separate Civil Service classification, indicating the number of employees claimed for each classification. Only Welfare Department Salaries and Wages shall be listed under this category. Salaries or Wages claimed for other county agencies are treated in the category: Services of other County Agencies.

Maintenance and Operation (M&O).

In this category shall be included all expenditures from the Welfare Department appropriation for materials, supplies and services, including amounts amortized for repairs and alterations or for purchase or construction of buildings, travel and communication expenditures, equipment and building operation costs including rentals, maintenance, upkeep and repair, addressograph plates, dictaphone cylinders, forms, periodicals, books, small equipment costing less than \$5.00 and any other expenditures not properly classified in one of the three other categories

W, CO and SOCA).

It is essential that each item be adequately described in Column T. Giving the vendors names is not sufficient. Include also the nature of the expenditure e.g., rental for typewriter, typewriter service, auto maintenance, building rental (give address), fuel, telephone, telegraph, travel expense, office forms, office supplies, janitor supplies, power, light, water, etc. When claiming monthly amortization for Repairs and Alterations or Building Purchase or Construction, the amounts shall be segregated by project approval by SDSW and the SDSW approval letter date shall be given for each item.

Capital Outlay (CO)

Include in this category only expenditures for removable equipment such as office furniture and fixtures, office machinery, automobiles and trucks. Do not include equipment items of an individual cost of \$5.00 or less. Do not include expenditures for permanent additions to real property which become a part of the real property and are not removable upon termination of lease or change of quarters in a county owned building or grounds. Such expenditures, if they amount to \$100.00 or less, shall be classed as Maintenance and Operation. If greater than \$100.00, prior SDSW approval is required.

Each item of Capital Outlay shall be adequately described. Give name of article such as table, chair, typewriter, addressograph, automobile, etc., and state the quantity of each article. Indicate also the make, type, style and serial number, if any. If county inventory number system is used, state the county inventory number.

Services of Other County Agencies (SOCA).

Enter in this category all expenditures for goods, facilities or services, from appropriations of other county agencies that have been given prior written approval by SDSW. Capital Outlay expenditures from other than the Welfare appropriation may not be claimed.

Describe each item adequately and state the date of the SDSW approval letter.

Column T

Enter for each employee (merit system counties only) listed in Column S the gross amount of salary paid for the month.

Section U - Data for Employees Paid Less than Full Monthly Salary.

This group of columns replaces former Form DFA 64B and is to be used by all Merit System counties whenever less than a full month's salary is reported for one or more employees. Enter data only for those employees paid less than the monthly rate.

Section V - Child Welfare Services - Supplemental Data.

This column replaces that required on former Form CWS 1, affidavit. Enter the names, position, classifications and percentages federally reimbursable according to applicable CWS contracts. Prior fiscal year entries need be made only if expenditures are claimed currently applicable to a prior year.

Section W - Adoption Program

Enter for the current fiscal year the amount of the budget agreed upon with SDSW, the amount already encumbered by prior claims and the amount unencumbered prior to application of the current months' claim.

Corresponding entries for the prior fiscal year need be entered only if the current months' claim includes an amount allocable to a prior year.

Sections X and Y - Boarding Home License Credits.

Enter in the left column for the current month of claim in Section X for BHA and Section Y for BHC (1) the number of valid licenses in effect on the first day of the previous month, (2) the number of new licenses issued since the first day of the previous month, (3) the number of licenses terminated since the first day of the previous month, (4) any adjustment to correct the number of licenses reported on the previous month's claim, (this correction might be either an addition or a subtraction and might arise from an error reflected in a state claim correction letter or from an error discovered by county personnel), and (5) the number of valid licenses in effect on the first day of the current month. Entries need be made in the other columns (for prior months) only (1) if there is an adjustment in number of valid licenses to be reported for some prior month (2) if the current months' claim includes expenditures for BHA or BHC allocable to some prior month. If either (1) or (2) for BHA or BHC indicate the month and year at the head of each column required to be completed.

Section Z.

Enter here an explanation of any adjustment in number of licenses for BHA or BHC included in Sections X or Y.



## PART II - ADMINISTRATIVE EXPENDITURES WORKSHEET

Compiled by \_\_\_\_\_

For All Programs and Categories of Expenditure. See Instructions on Reverse Side.

COUNTY \_\_\_\_\_

County Agency \_\_\_\_\_

MONTH \_\_\_\_\_, 195 \_\_\_\_\_

[illegible]



Compiled by \_\_\_\_\_

## PART I - ADMINISTRATIVE EXPENDITURES WORKSHEET

PAGE \_\_\_\_\_ OF \_\_\_\_\_

For All Programs and Categories of Expenditure. See Instructions on Reverse Side.

COUNTY \_\_\_\_\_

County Agency \_\_\_\_\_

MONTH \_\_\_\_\_, 195\_\_

A	B	C-1	C-2	D	E	F	G	H	J	K	L	N		O	P
Old Age Security	Aid to Needy Blind	Aid to Needy Children Federal Program	Aid to Needy Children Non- Federal		Aid to Partially Self- supporting Blind	Child Welfare Services (Complete Sec. V Part II)	Adoptions (Complete Sec. W Part II)	Aged BHL & I (Complete Sec. X Part II)	Children BHL & I (Complete Sec. Y Part II)	County General Relief	Other County Welfare Programs	Joint Charges to Program		Overall Charges	Total Allocable Expenditures (Sum of Cols. A thru O)
												Indicate Programs by Col. Letters A thru L	Amount of Joint Charges		
1															1
2															2
3															3
4															4
5															5
6															6
7															7
8															8
9															9
10															10
11															11
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44															44
45															45



# INSTRUCTIONS FOR COMPLETION OF FORM DFA 64, ADMINISTRATIVE EXPENDITURES WORKSHEET, PART I

## 1. Explanation of use of new forms.

Instead of four types of worksheets as formerly (DFA 64, 64A, 64B and 64E) there is now only the one form for county welfare departments. This one form consists of parts I and II. The same form is used for Salaries and Wages, Maintenance and Operation, Capital Outlay and Services of other county agencies. It is also used when allocation to prior months is required. However, it is necessary to segregate all expenditures according to category under their respective headings. This may be done by using a separate set of forms or, if a small volume permits, one set of forms may be used for all categories provided each category is properly segregated and labeled.

It is also necessary to use a separate set of forms whenever expenditures for prior months are to be reported. Prior month expenditures must not be co-mingled with expenditures reported for the current month of claim. However, expenditures for several prior months may be listed on one set of forms provided they are clearly segregated and labeled as to the month to which each applies.

In the headings of Parts I and II enter the total number of pages, the number of each page, the county, the month, the name of the employee preparing the forms and the county agency in which employed.

## 2. Completion of Columns A through P, Part I.

### Columns A through L Charges to Programs.

Enter all direct charges to program in Columns A through L.

### Column N Joint Charges

Enter all Joint Charges in Column N (2 columns). In the first column indicate the programs involved for each joint combination by the program column letters A through L as applicable. Enter the totals for each joint charge in the second column under N.

### Column O Overall Charges

Enter all overall charges in Column O.

### Column P Total Allocable Expenditures.

Enter in Column P the total of all direct joint and overall charges. Do not include extraneous expenditures in Column P totals.

## 3. Procedure for Distribution of Joint and Overall Charges to Programs.

### a) Sequence of distribution.

- 1) The total of Direct Salaries and Wages for each program is first determined.
- 2) All Joint Salary and Wages charges are then distributed to program on the basis of total direct Salaries and Wages.
- 3) The total overall Salary and Wage charge is then distributed to program on the basis of combined direct and joint distribution.
- 4) Joint charges for Maintenance and Operation, Capital Outlay and Services of Other Agencies are then distributed to program on the basis of the combined total of the direct, joint and overall Salaries and Wages for the programs included in each joint group. Overall charges for these categories are distributed to program on the basis of the combined total of the direct joint and overall Salaries and Wages for all programs A through L.

### b) Method of Distribution

Distribution to program is accomplished by the computation and application of percentage ratios. A separate ratio is required for each of the following:

- 1) Each different joint Salary and Wage combination
- 2) The total of overall Salary and Wage charge
- 3) Each different joint Maintenance and Operation combination
- 4) The total overall Maintenance and Operation charge
- 5) Each different joint Capital Outlay combination
- 6) The total overall Capital Outlay charge
- 7) Each different joint SOCA combination
- 8) The total overall SOCA charge

Note: Most SOCA charges are made directly to program on the basis of unit costs.

## c) Computation of Ratios

- 1) For Joint Charges: Divide the total joint charge for each joint group by the sum of the total distributed salaries and wages of each program in the joint group. The result is the ratio for that joint charge. Multiply this ratio separately by the total distributed Salary and Wage charge for each program in the joint group. The result of each multiplication will be the amount of the joint charge to allocate to each particular program in the joint group.

Example: Programs A, B, C and E have total direct, joint and overall Salary and Wages of \$3,000, \$300, \$1,000 and \$700 respectively or a total of \$5,000 for the group. A joint charge for Maintenance and Operation allocable to this group is \$300.  
 $\$300 \div 5000 = .06$ , the ratio for that group.

.06	x	\$3,000	=	\$180	allocable to Program A
.06	x	300	=	18	allocable to Program B
.06	x	1,000	=	60	allocable to Program C
.06	x	700	=	42	allocable to Program E

Total Joint Charge \$300 - allocated

Percentage ratios should be carried a sufficient number of digits to the right of the decimal to insure correct distribution of charges.

- 2) For overall charges: Divide the particular overall charge to be allocated, by the sum of the total distributed Salaries and Wages for all programs. The result is the ratio for that overall charge. Multiply this ratio separately by the Salary and Wage charge distributed to each program, Columns A through L. The result of each multiplication will be the amount of the overall charge to allocate to each of the welfare programs, A through L. The principle here is the same as for joint charges except that all welfare programs are affected instead of only two or more but not all, as in a joint group.

## d) Recording of Ratios

To facilitate recomputation of joint and overall allocations by county personnel as well as by State and Federal auditors, the ratios obtained for each joint and overall charge shall be entered opposite that charge on the worksheet. For joint charges the ratio may be entered in Column O and for overall charges in Column N since the space in those columns will be otherwise blank. The ratios should however, be circled or parenthesized to avoid confusion with joint or overall charges included in those columns.

- e) Entries on the worksheets making distributions of joint and overall charges shall be at least double spaced to permit any necessary state corrections to be entered above the county computations. Triple spacing of such distributions is preferable.



STATE OF CALIFORNIA

## ADMINISTRATIVE EXPENDITURES WORKSHEET

DEPARTMENT OF SOCIAL WELFARE

FOR ALLOCATION OF EXPENDITURES OF THE BOARDING HOME LICENSING AND ADOPTION PROGRAMS

FOR USE OF AGENCIES OTHER THAN COUNTY WELFARE DEPARTMENTS  
 IN REPORTING EXPENDITURES FOR SALARIES & WAGES, MAINTENANCE  
 AND OPERATION, CAPITAL OUTLAY AND SERVICES OF OTHER AGENCIES

AGENCY \_\_\_\_\_

PREPARED BY \_\_\_\_\_

MONTH \_\_\_\_\_, 195\_\_\_\_\_

1		2	3	4	5	6	7	8	9
WARRANT		NAME AND CLASSIFICATION TITLE OF EACH EMPLOYEE AND/OR OBJECT OF EXPENDITURE	TOTAL ALLOCABLE EXPENDI- TURES	INSPECTION & LICENSING OF AGED BOARDING HOMES	INSPECTION & LICENSING OF CHILDREN BOARDING HOMES	ADOPTIONS	OTHER PROGRAMS	JOINT EXPENDI- TURES	OVER- ALL EXPENDI- TURES
DATE	NUMBER								

FORM DFA 64C, REVISED APRIL 1, 1951. TO ACCOMPANY FORM BH 80 OR AD 807.

FORWARD FOUR COPIES TO THE STATE DEPARTMENT OF SOCIAL WELFARE, 616 K STREET, SACRAMENTO.

## ALL COUNTY WELFARE PROGRAMS

COUNTY \_\_\_\_\_

MONTH \_\_\_\_\_, 195 \_\_\_\_\_

Prepared by \_\_\_\_\_, Co. Agency \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
County Welfare Programs	Welfare Salaries and Wages	Maintenance and Operation	Capital Outlay	Services of Other Agencies	Total Expenditures	Non-Federal Expenditures	Federally Reimbursable Expenditures	Federal Shares	State Shares	County Shares	For State Use Only
A Old Age Security - All Periods											
B Aid to Needy Blind - All Periods											
C Aid to Needy Children - All Periods											
D											
E Aid to Partially Self-Supporting Blind Residents - All Periods											
F Child Welfare Services Current Fiscal Year											
Child Welfare Services Prior Fiscal Year											
G Adoptions - Current Fiscal Year											
Adoptions - Prior Fiscal Year											
H Aged Boarding Home Lic. & Insp. - Current Fiscal Year											
Aged Boarding Home Lic. & Insp. - Prior Fiscal Year											
J Children Boarding Home Lic. & Insp. - Current Fiscal Year											
Children Boarding Home Lic. & Insp. - Prior Fiscal Year											
K County General Relief - All Periods											
L Other County Welfare Programs - All Periods											
P Total Administrative Expenditures Reported this Mo. for all Periods											

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_

(ss)

I, \_\_\_\_\_ being duly sworn, depose and say: That I am the official responsible for the administration of the above stated programs in and for said County; That I have not violated any of the provisions of Sections 1090 to 1097 inclusive of the Government Code; That the amounts claimed herein have been expended and are properly chargeable as expenditures for Administration to the program specified in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Social Welfare Board.

Subscribed and Sworn

to Before me this \_\_\_\_\_ Day of \_\_\_\_\_, 195 \_\_\_\_\_

SIGNATURE OF WELFARE DIRECTOR

TITLE \_\_\_\_\_

I hereby certify that I am the official in aforesaid county responsible for the examination and settlement of accounts; That the expenditures claimed herein have been authorized by the Board of Supervisors and that warrants therefor have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR

FOR STATE USE ONLY



## DIRECTIONS FOR PREPARATION AND SUBMISSION OF FORM DFA 222, AFFIDAVIT

### 1. Number of Forms Required

Mail original and three copies to State Department of Social Welfare, 616 K Street, Sacramento 14, Attention Bureau of County Claims. Claims are to be mailed to Sacramento not later than the 10th of the month following the month of claim. The original and three copies of necessary forms DFA 64, Administrative Expenditures Worksheet, Parts I and II shall be mailed with the affidavits. In the affidavit heading enter the name of the county, the month and year, the name of the county employee preparing the forms and the name of the county agency in which employed.

### 2. Distribution of Expenditures and Shares

Distribution of all joint and overall shares on the worksheets (DFA 64, Part I) must be completed and worksheet totals proved before entries are transferred to the affidavit. The data assembled for the current month, as well as for any prior months is then transferred to the affidavit, columns 1 through 11, the entries being made on Lines A through P, according to program as applicable. Entries shall be typed on the affidavit just above and close to the ruled lines in each column to leave space for the state to make any necessary corrections immediately above the county figures. Use of a typewriter with elite type is recommended.

#### Column 1, County Welfare Programs

If there are any expenditures to be reported for programs on Lines F, G, H or J which are allocable according to established rules to months which are in prior fiscal years, state the prior fiscal year in Column 1 on the appropriate lines.

#### Columns 2, 3, 4, 5 and 6, Expenditures According to Category

Enter amounts in columns 2, 3 and 4 on the appropriate lines according to program from data on the worksheets, amounts of all welfare department salaries and wages, maintenance and operation, and capital outlay. Enter in column 5 all expenditures to be reported for services of other county agencies. Enter the total expenditures for each line, A through P in column 6.

#### Column 7 - Non-Federal Expenditures

From the totals in Column 6, enter in Column 7 for each line all expenditures which are not subject to Federal participation. These are ANC-BH&I, APSB, that part of CWS not reimbursable according to contract and all of the remaining programs G through L.

#### Column 8, Federally Reimbursable Expenditures

Enter in lines A and B the amounts shown in column 6. Enter on line C the amount shown in column 6 less the amount in column 7. For line F enter amounts for both current and prior fiscal year shown in column 6 after deducting amounts for those lines entered in column 7 as not reimbursable according to applicable CWS contracts.

#### Column 9, Federal Shares

For lines A, B and C enter one half of the amounts stated for those lines in Column 8. For line F, both current and prior enter the full amounts stated in column 8.

#### Column 10, State Shares

For lines A and B enter one-half of any expenditures for OAS and ANB reported on the worksheets as allocable to months prior to July 1, 1950. For line G, both current and prior, enter the full amount in column 6 for those lines unless limited by adoption budget agreements as set forth in Part II, Section W of the worksheet.

For lines H and J, enter separately by current and prior fiscal years, the amounts shown in Column 6 but not to exceed \$4 times the number of valid licenses for each month involved as reported in Sections X and Y of Form DFA 64, Part II.

#### Column 11, County Shares

Enter for each line, A through L, the differences between the amounts shown in column 6 and the Federal and State shares in columns 9 and 10.

#### Column 12, For State Use Only

Do not make any entries.

3. Enter on line P for all columns the totals of lines A through L. Check additions and subtractions on all lines and totals on line P to assure accuracy of all entries. The totals on line P, columns 2, 3, 4, 5 and 6 should agree with the sum of the total expenditures for each category as reported in column P, Part I, of the worksheet for the current month plus any prior month allocations.

Note: While the rules on allocation as to month require that on Form DFA 64 worksheet, certain types of joint charges are to be segregated for certain programs thus similarly segregating by month charges to programs that do not ordinarily require segregation, these latter are to be segregated on the affidavit only as to fiscal year for CWS, AD, BHA and BHC.

Example: A joint charge to OAS, ANC, ANC-BH&I, AD and BHC may be required by the rules to be allocated to some month in a prior fiscal year. The AD and BHC amounts so allocated are reported on the affidavit for the prior fiscal year involved. The OAS amount is simply included with the amount for the current month on line A. The ANC and ANC-BH&I amounts are combined and added to the current month amounts for those programs and entered on line C. The ANC-BH&I amount must, however be considered in completing columns 7 and 8 to determine Federal participation in the total ANC amount.

### 4. Signatures on the Affidavit

The sworn statement on the form shall be completed for each copy by affixing the personal signature (not facsimile) of the County Welfare Director, properly attested by the County Clerk, a Deputy County Clerk or a Notary Public. The certification by the County Auditor shall be completed by affixing the personal signature (not facsimile) of the County Auditor or in his absence, of the Deputy Auditor authorized to act in his stead.



MONTHLY CLAIM FOR REIMBURSEMENT FOR INSPECTION AND LICENSING SERVICES  
RENDERED UNDER SECTIONS 1622 or 2302 OF THE WELFARE AND INSTITUTIONS CODE  
BOARDING HOMES FOR (Children or Aged)

From \_\_\_\_\_ Accredited Agency

For the Month of \_\_\_\_\_, 19 \_\_\_\_\_ Fiscal Year

(For State Use Only)

A. Number of valid licenses . . . . .	_____
B. Basis For State Participation (Number of valid licenses X \$4.00)	\$ _____
C. Administrative Expenses this month. (Form DFA 64c). . . . .	\$ _____
D. Amount Claimable from State Funds. (lesser amount, either Item B or Item C). . . . .	\$ _____

Month Covered Col. A	Number of Valid Licenses Not Previously Reported Col. B	Administrative Expenses Not Previously Reported Col. C	Amount Claimable This Month From State Funds Col. D
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTALS		\$	\$

3. Total Amount Claimable from State Funds (Sum of Item 1-D and the total of Item 2, Col. D) . . . . . \$

4. State Share of adjustments . . . . . \$ \_\_\_\_\_

5. Total adjusted amount due from State Funds. . . . . \$ \_\_\_\_\_

COUNTY OF } ss

I, \_\_\_\_\_, being duly sworn, depose and say: That I am the executive officer of the agency accredited and approved by the State Department of Social Welfare to perform inspection and licensing functions under Chapter 1, Part 3, Division 2 or Chapter II, Division 3 of the Welfare and Institutions Code. That I have fully complied with the law, rules and regulations governing these inspection and licensing functions. That the licensees held valid licenses on the first day of the month for which reimbursement is hereby claimed.

TITLE

Subscribed and Sworn  
To Before me This \_\_\_\_\_ Day of \_\_\_\_\_, 195\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_

FOR STATE USE ONLY

SIGNATURE OF COUNTY AUDITOR OR OTHER FISCAL OFFICER